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The Biennial Meeting

All those who journeyed to "down by the sea" for the recent Sixteenth General Meeting of the Canadian Nurses Association participated in the most representative national gathering of nurses ever held in Canada. This was due to:

A registration approximating 500; an average attendance of 320, or more, at each session; the open meetings on Tuesday and Friday evenings were held in a public hall which was filled to capacity on both evenings. Four guest speakers on the programme for general sessions—all were present. Five Past Presidents in attendance. Sixty-four per cent. of the Executive Committee and eight of nine Provincial Presidents present, and Newfoundland represented. Conveners of committees (16), except three, gave reports in person. The Chairman and nurse members of the Joint Study Committee were present. Three objectives for 1930-1932 achieved: (1) Membership increased (nine per cent.); (2) successful termination of the Survey of Nursing Education in Canada; (3) decision to appoint a full-time Editor for *The Canadian Nurse*—although the C.N.A. has owned and published the Journal for sixteen years, the duties entailed have received part-time attention only by a nurse member.

Excellent arrangements were made by the New Brunswick Association of Registered Nurses, with courteous consideration from the entire staff at the Admiral Beatty Hotel.

The President officiated in a most admirable manner and was sustained by an active Executive Committee, keenly alert delegates and an interested "house" at each session, with all present participating according to approved parliamentary procedure.

The citizens of Saint John ably assisted the N.B.A.R.N. in extending hospitality—this consisted from the messages of welcome in the windows of many business places to varied social entertainment of true Loyalist type. Outstanding was the boat trip on the Saint John River, with a beach supper at a private summer home. The N.B.A.R.N. was hostess on this occasion.

The open meeting on Tuesday evening held in St. David's Hall brought together over eight hundred nurses and their friends to hear the messages of welcome and the masterly address by the Honorable Vincent Massey. This address was printed during convention week and copies made available for distribution.

The evening of June 22nd, with the banquet, will be treasured in memory. More than 320 participated in this function, amid attractively arranged tables with their many twinkling pink and green candles and profusion of beautiful flowers. The dinner address by Professor Roy Fraser aroused many and varied emotions—there is no doubt that the speaker has a most intimate knowledge and appreciation of the nurse's life. Professor Fraser's address, as well as those of Professor Clarke and Dr. Stewart Cameron, appears in this issue of the Journal.

On Friday evening the session was held in St. David's Hall. The excellent addresses by Professor Clarke and Dr. Stewart Cameron were received with attentive interest and much applause. One sensed that Professor Clarke regards the education of the nurse most important in the educational scheme in Canada.

While large numbers were aware that the Joint Study Committee of Nursing in Canada was presided over by Dr. Stewart Cameron, probably few realised the sincerity and depth of Dr. Cameron's interest in the problems and difficulties confronting nurses and nursing. His presence for several days at the recent meeting and especially his address on Friday

evening let all Canadian nurses know that they have a champion in Dr. Cameron. May he find it possible to retain his connection with the National Joint Study Committee.

The members in general session on Tuesday afternoon honoured the memory of Miss Edna Auger by a two-minute silence. As Chairman of the Nursing Education Section, Alberta Association of Registered Nurses, she was a member of the Executive Committee, C.N.A., and had planned to be in Saint John. An active member in the interests of nursing education, Miss Auger's death is a loss to the profession, more especially in Alberta, where she served for over twenty years.

A pleasing feature of the session on Friday afternoon occurred when the President appropriately expressed the gratitude of the C.N.A. to the nurse members of the National Joint Study Committee for their distinguished contribution to the Survey of Nursing Education in Canada. These members, Miss Jean Gunn, Miss E. Kathleen Russell and Miss Jean Browne, were each presented with a small silver tray, suitably engraved; they have served on the Joint Study Committee since it was formed in 1927, and have been asked to continue on the Committee. Their consent is anticipated.

The Saint John meeting was the most momentous in the history of the C.N.A. It may be that some who attended were disappointed in that discussion of the Survey Report resulted in the formulation of general policies rather than the adoption of defined action on which the provincial associations can proceed. The former procedure is in keeping with the function and purpose of the national organisation. The study and application of the findings and recommendations of the Survey Report must be left to the Provincial Associations and Joint Study Committees to be made effective according to the conditions and needs of each province.

It was a very real pleasure to have Matron-in-Chief Margaret Macdonald present, and joyous was the re-union of fifty or more former nursing sisters with their dearly loved Chief.

Messages of welcome and best wishes accompanied by baskets of flowers were received from numerous organisations. Among these were: The New Brunswick Association of Registered Nurses and the Local Council of Women. Greetings were sent by the Graduate Nurses Association of British Columbia, the Canadian Medical Association and the National Council of Women.

Formal resolutions of thanks have been sent to all those who assisted in making the recent meeting an epoch in C.N.A. gatherings. The Association is most grateful to all these, but words of thanks are most inadequate in expressing gratitude to Miss MacMaster, President N.B.A.R.N., and to Miss Murdoch and the members of her Committee on Arrangements. The quiet, efficient way in which their plans were put into effect permitted the satisfactory consummation of a remarkably heavy programme. The presentation of a beautiful bouquet of roses from the N.B.A.R.N. to the President, Miss Emory, shortly before adjournment on Saturday morning was a final act of courtesy in a week which had been filled with evidence of New Brunswick nurses' ability to be ideal hostesses.

The Registered Nurses Association of Ontario extended an invitation to the C.N.A. for the Seventeenth General Meeting to be held in Toronto in 1934. That gathering has historical significance as the Canadian Nurses Association will have reached its twenty-fifth year. The invitation from the nurses of Ontario is supported by cordial letters from the Premier of Ontario, the Mayor of Toronto, the President of the Board of Trade of Toronto, and several Service Clubs. The invitation was accepted with applause—plans, in part, are already outlined for the Toronto meeting. Nurses will do well to determine now that they shall take part in the Silver Jubilee celebration of the Canadian Nurses Association.

The Medical and Nursing Professions and the Survey Report

By G. STEWART CAMERON, M.D., F.R.C.S.(C), Chairman, Joint Study Committee, Survey of Nursing Education in Canada

In the world in which we live, change is the order. It must be progress or retrogression. The human race—notwithstanding many pessimists to the contrary—is steadily moving forward. Measured in days or years, little or no advance is seen, but measured in centuries it is noticeable to all. The evolution of the human race from the primitive life of ancient times is evidence of this. In the process of development, emphasis has been increasingly placed upon the training of the mind. Whatever, therefore, may be the particular calling or profession, individual success can only be attained by having the mind thoroughly trained and equipped. Such training is in line with the principles of all progress. The successful man or woman must learn to think, and to think logically. He must be made familiar with the varied avenues of intellectual activity—science, art, literature—and the standard of excellence in each, so as to determine his own course according to his special aptitudes. At the same time, he must keep abreast of the movements of his own day in order to see his work in its proper perspective. Education is not merely filling the mind with facts; it is training the mind in observation and sound thinking, and in addition, keeping the body healthy and disciplined.

But, you may ask, what has all this to do with training nurses? If we have made ourselves clear, we are sure you will see that the education of nurses can differ in no essential from educational preparation in other professions. The same general principles must govern, or else we flounder about with no accepted compass to guide us, and reach only confusion. May one venture to suggest that part of the chaos in the nursing profession today is due to our failure to apply accepted educational principles to the training of our under-graduates? We must not be surprised at this, because the same confusion has existed in other professions. The desire, however, to find the cause of the dissatisfaction and to remove it, which is everywhere apparent today, is wholly commendable. It is an acknowledgment that things are not right, and that the faults should be corrected if nurses are to take their natural place as properly trained participants in that vast organisation which today ministers to the health and well-being of the human race.

It may be only a coincidence, but a significant one, nevertheless, that throughout the Anglo-Saxon world, at least, those interested have gradually reached the same general conclusions, and while the problems may not be quite the same in Great Britain, the United States, and Canada, there is a unanimous conviction that the present nursing system, both within and without the hospital, should receive thorough revision.

For generations it has been the custom to speak in terms of veneration of the great service rendered to humanity by such women as Florence Nightingale and our own Jeanne Mance; the one devoting herself to nursing in Great Britain and on the continent of Europe nearly a century ago; the other, two centuries earlier still, accepting the dangers and vicissitudes of the Canadian wilderness that she might bring succor both to the native Indians and to her own fellow-countrymen. The lives of these two women, typify in a remarkable degree the ideal of service—service to suffering men, women and children. There is another side, however, about which we hear little. Florence Night-

(Note: Address to the Canadian Nurses Association in General Meeting, June 24, 1932, at Saint John, N.B.)

ingale, from her vast experience, saw the inadequacy of the nursing facilities in her own country. Prompted by this knowledge, she devoted some of her time and fortune during the latter years of her life to organising nursing schools, wherein young women could receive training in the care of the sick, in keeping with the medical attainment of the time. This contribution, while it will be always overshadowed by the knowledge of her heroism and her unselfishness, yet from a practical point of view, marked a change in nursing education. So, today, when your profession pauses to consider the many problems which the great advances in medical science have created, and the markedly changed attitude of the public toward the care of the sick, you are simply following the precedent established by an illustrious member of your profession of a bygone day.

Having accepted the broad basis upon which all education must rest, namely, the gradual training of the mind and body along accepted lines, it is necessary to adapt this principle to our present problem, so that the graduate will be, not one whose mind is crammed with fact or fiction, but one who has the resource to form judgments from observation and to think clearly and constructively when occasion arises. Perhaps you will say that this is something everyone knows. However true this may be, it is a fact, brought out in our Report, that all too many probationers reach our wards and class-rooms almost devoid of the power of observation or of reaching conclusions through a process of reasoning based upon common experiences about the sick-room.

In stating this fact, we must, in all fairness to the nurses, say that they are not wholly to blame for this situation. How often do we hear it said that all a nurse needs is a pleasant manner, a disarming smile and a sympathetic touch! We quite agree that these are invaluable natural assets, and would that every nurse possessed them in a superlative degree! This, however, is only one side of the problem.

Wherever we go, we find splendid modern hospitals, and millions of dollars spent in research foundations. Public Health, more and more, occupies the attention of the average citizen and of governments. All this vast social enterprise is created to give effect to the efficiency of modern medicine in the care of the sick. In this complicated structure, the nurse is very properly taking an increasingly important part. Is it logical, then, to believe that she alone can be inadequately trained? Merely to state the facts should dissipate, in the minds of reasonable people, any idea that in the nurse's education the fundamentals may be disregarded. We believe that in principle the nurse should differ in no way, in her preliminary education, from a candidate for any of the other professions.

Where can this preliminary education be obtained? Undoubtedly in our secondary schools, in so far as Canada is concerned. In all the provinces approximately two years in a secondary school is the designated standard of preliminary education. We have learned, however, that wide deviation has been an all too frequent custom. Many probationers are accepted who have had a scant public school training, supplemented by instruction in a night school, business or correspondence school. Undergraduates are accepted whose scholastic attainments run all the way from this low standard to that of the graduate in Arts. It is obvious that when we accept such wide variety of mental training in the probationers entering our nursing schools, we must expect a variegated product to emerge in our graduating classes. Here, then, reconstruction should begin. It is not that a high standard should be insisted upon now, but rather that a fair standard be adopted, with a curriculum carefully worked out in conjunction with our secondary schools, so that the preliminary training will be that most suited to a young woman

about to enter the nursing profession. Having done this, make it the absolute minimum, a minimum from which, as circumstances permit, you can raise your standard of matriculation until it is on a plane comparable with that of other professions. I think I am correct when I say that along such lines education in most Canadian provinces has developed.

When students leave our high schools they do so, either to enter commercial or industrial life, or to pursue their studies in one of our universities. These students can select one of many equally recognised colleges wherein the instruction compares favourably with the best in other countries. But when the potential nurse looks about to decide where she will proceed with her education, she finds a very wide difference in the standards of training maintained by the scores of nursing schools throughout Canada. The Report indicates that at the top of the list are many that compare favourably with the best anywhere. It also points out that we have a great number that are nursing schools in name only. There are hospitals in which a young woman somewhat blindly apprentices herself, and in return for doing all the work is given some doubtful medical and nursing instruction. At the end of three years she receives a diploma showing that she has complied with the educational requirements of her Alma Mater. The tragedy of this is that in my own province, until recently, over 95 per cent. of all these graduates, applying through examination for the seal of official approval, were accepted and permitted to write R.N. after their names. So we have the efficient, well-trained nurse competing, oftentimes at a serious disadvantage, with the very poorly educated one. The public has no way of judging the difference. They are all Registered Nurses. And so the inefficient bring discredit upon the whole profession. Here, then, is a defect that should receive careful remedial treatment. Some plan of uniform curriculum ought to be accepted by all schools. Minimum requirements, at least, should prevail throughout the various provinces respecting the size of the hospital, the average number of beds occupied, and the number and qualifications of the teaching staff, if a uniform standard of excellence in the graduates is to obtain. All these points are fully discussed in the Report. Many helpful suggestions are offered, based upon a careful analysis of the various kinds of hospitals and nursing schools in Canada.

The suggested minimum size of a hospital suitable for teaching purposes is seventy-five beds, with an average occupancy of fifty patients. Ample variety of clinical material is an essential. One might just as well try to instruct a medical student in the science and art of his profession with a few patients as to endeavour to teach nursing without an adequate number of occupied beds.

If the seventy-five bed hospital is accepted as the minimum for a nursing school, it is obvious that many hospitals now training nurses will be compelled to abandon the practice and staff their wards with graduate nurses. Objection is bound to be offered to this plan until the public is seized with the idea that a graduate nurse is something more than a maid with some knowledge of the care of the sick. In the second place, the management of small hospitals must be shown that they can conduct their institutions with graduate nurses at no increase over their present costs, provided they have been making allowance in their budgets for the maintenance of an approved school. It is quite true that a hospital can keep its costs down if it refuses to recognise that a nursing school is a school for the proper education of its undergraduates in all branches of medical science, in so far as that science is necessary and applicable in the instruction of a graduate nurse, and that such a school must be properly equipped and provided with a teach-

ing staff adequate to the responsibilities assumed. It is probable that many schools throughout Canada will say, on first thought, that if they have to provide instruction along lines such as these they will be forced to close their hospitals because of the added expense—in other words, unless they continue a low-graded school in order to give, as they believe, a cheaper service to their patients, and as a consequence of their belief, graduate nurses of mediocre ability, they must cease to exist. We are of the opinion that, from the educational point of view, such an argument is untenable, and further, that the cost of staffing a small hospital with graduate nurses in place of maintaining a modern school of nursing should be carefully investigated before any hasty conclusions are reached. Expediency is doubtless necessary at times, but it should not be accepted as an ideal and thus become dominant in practice; it tends to mediocrity in the end, and mediocrity can never be the goal toward which our lives should lead, either individually or nationally.

In this connection, I would like to point out that the hospital was originally intended for the care of the poor, more particularly those without homes whose earthly days were drawing to a close. The nursing care was provided largely by Sisters, who voluntarily gave their lives to minister to the needy sick. The development of a training school in connection with a hospital is a modern idea, and doubtless was gradually evolved as a means of providing general care for the inmates at a cost that was of necessity very low. The advance of medical science in the last half century has compelled us to alter our ideas respecting the function of a hospital. Besides providing care for the patients admitted to its wards, it is becoming more and more a factor in health education. As we familiarise ourselves with this general health problem, the more we are led to believe that the small hospital could develop a greater field of usefulness by concentrating its energies in making itself the centre of a well-planned community health scheme, rather than in attempting the maintenance of a nursing school of doubtful educational value. It is not part of this address to elaborate such a scheme, but we offer it to those interested in health work as a field in which much can be done.

The hospital of the future must accept some responsibility for the quality as well as the quantity of its graduates, and not continue to send from its doors, into a vastly overcrowded profession, a procession of young women often very poorly equipped for duty, largely because the hospital believes that by so doing it is maintaining its costs at the minimum. We are not unaware of the high cost of sickness today, but we believe the reduction of these costs involves the solution of a problem much bigger than simply whether it is cheaper to utilise or not to utilise student nurses to do the many jobs about the hospital.

It may interest you to know that already some of the smaller hospitals in the province of Ontario have discontinued the employment of student nurses; and, further, that the Department of the Public Health, through its Hospital Section, has begun a standardisation of training schools. A syllabus of minimum requirements has been prepared, and only schools that measure up to this standard are to be approved. At the present time, about 60 per cent. have been accepted. During the past two years, fourteen of the small schools have closed; three more have discontinued the admission of student nurses; while four others have the matter under consideration, and in the meantime are receiving no probationers. Apart from the reduction in schools and the consequent curtailment of graduates, it is highly significant that some provincial governments are interesting themselves in the character of the teaching and the facilities for instruction in our schools.

It has been suggested that in the future there should be some regulation of the size, location and number of hospitals. As the provincial governments provide assistance for the maintenance of the hospitals, they might decide to withhold such assistance unless it could be shown that the proposed hospital was a social or geographical necessity, and that the economic burden would not be disproportionate to the financial resources of the community. If such a programme should be adopted, doubtless schools of nursing would be discouraged unless they were necessary in the public interest.

The same general principles that govern the organisation of a secondary school should be considered in the institution of a school of nursing. The principal ought to be a fully qualified instructress. Her staff should be composed of qualified supervisors on the floors of the hospital, together with such other instructors and technicians as might be necessary or available from the house staff. For the present, the medical staff could give instruction as might be required of them. Doubtless, as time goes on, the number of lecturers selected from the medical staff would diminish, and a few members, specially qualified for their work, could be chosen for instructional purposes. The whole personnel should be so integrated that continuity of teaching would be secured among the class-rooms, the laboratories and the various wards. The necessary equipment for properly teaching and demonstrating the subjects taught should be provided. Suitable class-room accommodation ought to be available, well removed from the general commotion naturally attendant upon a large general hospital.

Early in their training, if it has not been done before, students should be required to give some time to collateral reading. In the beginning of this paper it was stated that an individual developing along accepted educational lines would keep in touch with what is transpiring in the world outside of his own particular field. It has its broadening, cultural influence, and tends to keep in proper perspective the work of the student. Every properly conducted school should have comfortable reading-room and library facilities, where students could be encouraged to make use of the daily papers, current magazines of a wholesome type, and such books as might be available. Someone may say that the nurse in training has no time for such relaxation. Quite so, as matters stand today she has not, because she is doing all sorts of work in the wards that could and should be done by ward helpers. Heretofore, the energy of the student nurse has been exploited, in a mild way, by the hospital, to lessen the expense, as is mistakenly believed. Again, the student of the future will come to the hospital with better preliminary training and will not need to take up hours trying to learn details which she should have mastered in her collegiate or high school days. Along such lines as these, it can be shown, that, in a properly organised nursing school, ample time can be secured for cultural development, and as a result a much more efficient nurse graduated, to do honour to her school and to her profession. All this sounds formidable, particularly when the expense is considered. I submit, however, that investigation by those competent to express an opinion will show that many of these facilities can be secured at a relatively small cost. In some instances—a library, by the way—could be developed year by year, over an indefinite period of time. In fact, this is the usual method adopted in many institutions.

On the other hand, how are we going to instruct these young women if we do not provide the means? We go on, year after year, providing bigger and better schools wherein our public and secondary teachers are trained. These young men and women, the product of these splendid institutions, are so prepared that they may

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train the minds of our children, and prepare them for the realities of life. Are we not just as vitally interested in the health of our children and that of our friends? Is it not just as necessary to consider the proper education of those who minister to our physical infirmities as it is to stress the training of those to whom we commit the mental development of our citizens?

If we accept the argument in favour of such nursing schools, how should the cost of organisation and maintenance be met? So far, little thought has been given to this question because it is only the very few hospitals, speaking relatively, that have considered the maintenance of their school apart from the general expenditure upon the whole institution. What is the annual cost of a student nurse to the hospital? What is her nursing value to the hospital in terms of the graduate nurse? These are questions about which there is little or no information available, and one is led to believe that a great deal of the confused thinking about whether a school or a staff of graduate nurses is the more expensive for a hospital to maintain is due to the absence of any real information on the subject. The Survey has endeavoured to answer these questions, and we suggest that careful consideration be given to the facts presented.

Should the hospital meet the total expense of maintaining the school? This is another question that has received very little attention because, up to the present, in most quarters, the undergraduate nurse has been looked upon more in the light of an apprentice who traded her work in the hospital for certain instruction which she was supposed to receive. The thought of it being primarily an educational problem has had little consideration by most people. That being the case, very few have looked upon the nursing school as a school in the generally accepted sense of the term. If, in the future, the nurse is to be educated along lines similar to those adopted by the public and secondary schools, subject to government supervision, is there any good reason why schools of nursing should not be treated by our governments in precisely the same manner as they treat other public educational institutions? Large sums of money are contributed annually by governments for the maintenance of public and high schools, normal schools, technical schools, and your Report believes and, we think, rightly so, that the properly organised and equipped school of nursing should be treated in exactly the same manner as our provincial schools.

The Report divides itself naturally into two divisions: the forepart has to do with the education and preparation of the nurse for her profession; the latter part deals with the various aspects of her professional life. We have spent considerable time discussing the first part, as we think it is of great importance. You are asking the public to change its present attitude toward our nursing schools. It may be your hope that the school of the future will occupy some place in the general educational development of the country. Time and intelligent presentation of your cause in proper quarters may accomplish this; on the other hand, premature demands for a change will run the risk of defeating the ends which you so earnestly desire.

The patient, after all, is the central figure in this complex health scheme. To minister to him, either prophylactically or therapeutically, this social organisation which we call Medical Care has been developed. The nurse is a part of this system, but she can only function provided she is brought into proper relationship with the individual, be he sick or well. Does our present social organisation accomplish this? I am sorry to say it does not. The Survey points to the wide gap that exists between so many nurses desiring work and so many patients requiring the attention of a nurse. In Canada, 40 per cent. of the graduate nurses are

continuously unemployed, while 60 per cent. of our people, acutely ill, can not get graduate nursing care when they most urgently need it. Obviously, there is something wrong in the distribution of this part of our medical service.

The tendency all over Canada is for the nurse to seek a practice in the more populous centres. She can hardly be blamed for this, because it is the spirit of the age—the urge to leave the rural and village districts for the supposedly more alluring possibilities of the city. In times of great prosperity, the practice may prove successful, but in times of adversity the nurse is one of the first to feel the pinch, and if she can not find assistance in her home, or in some other employment, the majority have practically nothing between them and very real hardships.

Only 30 per cent. of private duty nurses save any money for the rainy day. They are not wholly responsible for this because our statistics show that, due to the overcrowding of the profession, four out of every ten are always unemployed, and thus prevented from earning a living, let alone acquiring a surplus.

These periods of depression have come and gone in varying degrees of severity as long as history has kept records, and so far as one can see they will probably continue to do so. It behooves us to make such changes in the present arrangement as will secure a more even balance between the supply and the demand, having regard to urban and rural needs, thus reducing, as far as possible, the distress attendant upon periods such as the present.

Is this change possible? In our opinion it is. The economic principle involved is simple, but its application is often fraught with difficulty. It is to adjust the number entering our nursing schools so that the number graduating will more nearly meet the needs of our population. This is not a new idea. Some years ago, many of the universities in Canada placed a limit on the number of students entering the Faculty of Medicine each year, and some of our Arts colleges apply restrictions upon those who would proceed to an Arts degree. I do not wish the inference to be made that over-crowding, in the respective professions, was the primary reason for this action. Doubtless, it was one of a number of factors that brought about the change. However, there is precedent and that from high places, educationally speaking, for you seriously to explore the possibilities of the plan in its application to your profession.

It is not my intention to deal with the various classes of nurse, such as Private Duty, Public Health, and so on. A great deal of time was given by Dr. Weir to acquire the ascertainable facts concerning all classes. Having done so, he presented the whole matter in the Survey, with what he believed to be workable suggestions for the improvement of the general situation. We hope careful consideration will be given to the Report by the classes interested. Remember that it is your Report. The success or failure of it largely rests in the hands of the nursing profession of Canada. May we say, at this moment, that you must not be disappointed if you do not have your requests granted at once? Reform is often a slow process. It takes time for the public to become educated to the necessity of the course of action which you are advocating, even though that course may be in the very best interests of that same public. Most of us are impatient to see action. We desire to achieve reforms affecting large masses of people in our own short day. We forget the teachings of history that the present state of our social life is the result of the contributions made by the generations who have gone before.

The Victorian Order of Nurses is very favourably commented upon in the Survey: not because it is a body of super-nurses, but because the selection, supervision and distribution of the nurses are bringing very gratify-

ing results. The argument is advanced that if this is satisfactory for a small group, speaking relatively, why should not similar organisation and distribution of nursing services be carried out successfully on a much wider scale?

In the development of a service that will be adaptable to all, it is quite obvious that no plan can make possible the employment of Private Duty nurses only. That being the case, some other means of providing the necessary care will have to be found.

Our population can be divided into three classes. There is a small group at one end who, because of their wealth, can command any service they desire when ill. At the other end, a fairly permanent class who are always the wards of public and private beneficence. In between these extremes is a great body of our citizens who have not the financial resources, on the one hand, nor the desire to be the recipients of charity, on the other hand, but who do need very careful consideration in all future plans of health service. It is not always possible or necessary for them to be sent to hospital, and to engage a private nurse for any considerable time is out of the question. To this body of people the visiting nurse makes a strong appeal. I would like to urge this Association to pursue with all diligence the possibilities of such a service.

It is contrary to the accepted methods of education to have different grades of scholastic attainment in a given profession designated by the same name. For instance, a doctor anywhere in Canada is one who must have completed the required curriculum of study, passed the necessary university examinations, received the degree of Doctor of Medicine, and consequently is entitled to use the term Doctor. The same applies to other professions, and we believe that only those women who have attained the accepted standard of education in their profession should be called nurses. In time, this will be accepted the country over as designating one who has successfully completed her student term, passed the required examinations, and is thus qualified to use the title, nurse. In our opinion, it would be just as unfair and quite as misleading to permit the unqualified women to be called nurse as it would be to allow the medical student of two or three years' standing to use the title doctor.

While we believe the graduate should have this unquestioned place in our social life, we know we are voicing the opinion of a goodly number of the medical profession when we suggest there is a place in the care of certain classes of the sick for the trained, supervised attendant. They would not be nurses any more than capable ward helpers would be doctors, but they would be trained to perform many necessary duties about the home and the sickroom under the supervision of the visiting nurse. Developed in this way, they would be recognised by both professions as trained helpers or attendants. The general public, in time, would understand the place these aides were designed to fill, and would not call them nurses nor confuse their position with that of the Registered Nurse. In the working out of your plans for the future, the non-professional aide could very well receive your attention.

As mentioned before, the necessity of bringing nurses and patients together is one of the most important problems you will have to solve. In securing this much-desired change, the present system of nursing may require to be recast or abandoned altogether. New living conditions require new methods of caring for the sick. The advent of the modern hospital, the motor car, improved highways, the concentration of large numbers of people in apartment houses, and many other present-day conditions have brought people together in a way not dreamed of three or four decades ago. Today, in most parts of Canada, acute illness is rarely treated in the private house. Indeed, much of our armamentarium against acute disease can

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be used efficiently only in a hospital; hence the generally accepted view that hospitalisation of the sick is in the best interests of the patient in all acute illnesses. As a result of this view, much of the nursing service, both private duty and institutional, is centred about the hospitals. Under our present ideas of practice, all this has increased the cost of sickness to the public, until today there is a growing demand that something be done to lessen this burden upon the shoulders of the citizens of this country. We believe it is the history of such disturbances in our social life that drastic remedies are often suggested by those least informed of the intricacies of the situation. To avoid difficulty of this kind, it is the desire of the Survey that all plans for giving nursing service to those in need of it should be sympathetically and thoroughly explored. For example, is the visiting nurse to become a necessary part of our community life in the same way as the school teacher, the clergyman and the physician are now? Prejudice should have no place in this study. Present-day conditions must be studied and met, untrammelled by the customs of yesterday. While we should adhere to fundamental principles that experience has perpetuated, we must be prepared to apply these in the light of the requirements of present-day needs. The fact should not be forgotten that, while Canada is of wide extent, geographically speaking, her population is relatively small. Oftentimes long distances separate communities, while others, due to poor transportation, are almost inaccessible. In consequence of all this, it is highly improbable that any one plan of bringing nursing service to those who need it will be found applicable in all cases. These problems will prove difficult at times, but are not beyond the resources of those responsible for providing leadership for the nursing profession in Canada.

It will be found that several plans are reviewed in the Report. All of these embrace, in a greater or lesser degree, the idea of socialisation of the nurse. Coupled with this, the adoption of some form of State Health Insurance is recommended for your consideration. That the discussion may be clarified in our minds, may we attempt to explain what is meant by the socialisation of the nurse?

Socialisation could be undertaken in two ways: First, by the nurses themselves organising their profession so as to provide a nursing service that would be adjustable to the needs of all classes of the community. Supervision would be provided and registration of all those approved for the work, whether Registered Nurses or attendants, would be obligatory. By some such plan, the hope is cherished that nurses would be permanently employed at reasonable salaries. The cost of such a scheme would have to be borne by fees from patients where this was possible, benefits from health insurance, and municipal grants. This income in time might be supplemented by endowments provided by private contributions.

The second plan would be some form of State Socialisation wherein the control of the service, in whole or in part, would pass from the profession, and nurses would be placed in the employ of either the federal, provincial or municipal governments directly, such as our civil service, or indirectly as are teachers in our schools. We have gone some distance already in socialising our nursing services. According to this definition, mostly all public health nursing is socialised. There are also large bodies of nurses engaged in school work, while many others are employed in social service work through civic hospitals and public clinics of various kinds. Inasmuch as these groups are permanently employed by the various civic bodies and receive their salaries from taxes levied upon the citizens, they are State-supported. Unconsciously, for most of us perhaps, we have accepted the principle of socialised nursing. We think we are cor-

rectly stating the fact when we say that, so far as it has gone, it has proved reasonably satisfactory for both the nurse and the public.

Are we prepared now to go a step farther and adopt the idea of either private or State Socialisation, or some combination of the two? Here the future of nursing in Canada offers a challenge to the best statesmanship in the profession because your decisions will have far-reaching effects on the lives of your members. The private duty nurse of today may become the visiting nurse of tomorrow. In my opinion, the intelligent development of a socialised plan could very easily extend the benefits of modern nursing care to many who are unable to secure it and thus bring increased happiness into many homes that are unable, for economic or geographic reasons, to participate in the full help offered by present-day medicine.

What do we understand by State Health Insurance? This is a plan—believed by many to be an advance in our social life—for providing medical care for a large proportion of the citizens of a country. It is an insurance in which the insured, together with the State, in some mutually acceptable plan, pays the premiums. When the insured becomes ill, he receives certain benefits, either in money or service, or both, and these benefits cover the expenses of the illness. By the general adoption of a plan of State Health Insurance that would include, among other advantages, a nursing service for the insured, you will appreciate how this could offer a means of extending trained nursing care so as to include large numbers of people who today are financially unable to assume such responsibility. The nursing service thus created would absorb large numbers of graduates. As such service would require to be readily accessible and continuous, careful selection and supervision of nurses would be a primary necessity. A permanent service would be obligatory upon those responsible for the system and permanency would mean regular duty and fair remuneration for nurses thus employed.

You realise, of course, that no restrictions would be placed upon those able to pay for private nursing, neither would nurses be interfered with who desire to follow private duty. Here, the restricted clientele would control the number desiring to practice as private nurses.

While socialised nursing and State Health Insurance may be goals towards which we are moving, I, personally, feel that at this juncture it might be more advantageous for the nursing profession if it were better organised within itself before proceeding with the larger and more idealistic plan suggested by State Health Assurance and socialisation.

As a matter of practical experience, we have found that some considerable measure of control of the profession interested, by its members, has been reasonably satisfactory. It appeals to the idea of self-government inherent in the hearts of most of us. To begin with, would it not be wise for the various Provincial Nurses' Associations to consider the advisability of seeking, through legislation, the control of the education and the discipline of those entering the profession? Modifying somewhat the suggestion contained in the Report, may I briefly outline what appeals to me as a workable plan, and one that could be explored at once in most of the provinces, provided reasonable care was exercised in the preparation of any brief that would be presented to the legislature.

Create in each province a Provincial Board of Nursing Control composed of nurses, doctors and representatives from the hospitals. The majority of the Board would naturally come from the nursing profession. Your profession being so intimately connected with and dependent upon the medical profession and the hospitals, it would be advisable to have representation from both. The Provincial Board would assume

responsibility for all matters pertaining to the nursing profession in much the same manner as the Provincial College of Physicians and Surgeons controls the medical profession within the respective provinces. The Board would have full power to enforce its demands within the provisions of the Act creating it. The Provincial Department of Health ought to be in close relationship with the Board's activities; in fact, the Minister of Health might be a member of the Board, in the same manner as he is a member of the College of Physicians and Surgeons in some of the provinces.

Among the duties assumed by this Board would be the control of the curriculum of studies to be followed in all training schools within the province; secondly, to determine, from time to time, the scope and character of the pre-nursing education necessary for a student matriculating in a school of nursing; thirdly, to control all examinations the passing of which would entitle the student to a certificate of graduation; fourthly, to fix, periodically, the provisions necessary in a hospital before a school of nursing would be approved. This Board would be the disciplinary body and would exercise reasonable control over the nurses and their relationships with the public in all matters wherein friction might arise.

Time does not permit my entering into fuller details, but we are almost persuaded that this ought to be the first development in laying a foundation for the future growth of the nursing profession in Canada. It can be proceeded with carefully and in keeping with the nursing and medical opinion of the individual province. If this was done, the expense should be trifling indeed.

In the Report considerable space is given to a discussion of a Federal Council of Nursing. At a recent meeting I was asked whether or not it would be wise to proceed with the organisation of such a comprehensive national body at present. My personal view is that we are not quite ready to proceed with this national body, for various reasons, one of which is that it is much easier to secure legislation in your own province to render effective contemplated reforms than it is in the Federal Parliament. Having demonstrated the usefulness of your plans provincially, and thereby secured the support of your own public, you can approach the Federal problem with reasonable confidence of success. This has been the experience in my own profession and I have no doubt that it applies equally well to others. In saying this, I do not for a moment wish you to think I am unfavourable to such an organisation—on the contrary, I believe it is an ideal towards which your provincial activities should tend. In a country of such wide extent as Canada, however, with diversified interests and divided language, the problem would not be an easy one, and I feel that while this national organisation is taking form you could make progress in your individual provinces by sponsoring such changes as will assist in giving better service to those in need of it and at the same time improve the standard of your own profession. It is a big problem and the many factors entering into it will no doubt be considered very carefully by you before reaching a final decision. At this distance, we can only suggest.

The whole health problem is an intricate one. The patient makes many contacts during an illness: the physician, the nurse, the many collateral agencies that are called upon, both for diagnosis and for treatment, the social service organisation, the public health department with its corps of workers in the varied field of prophylaxis. All this and more shows how complicated has become the question of maintaining health or of regaining it, once it has been lost. In your discussions, you should keep this composite picture before you as a

guide in determining how best the trained nurse can fit in with the other factors.

A serious point emphasized everywhere today is the increasing cost of sickness. We should bear in mind that a large percentage of our population is made up of those earning a daily or weekly wage—the laborer, the artisan, and the man upon a moderate or small salary. If sickness comes into the home of such a one a serious crisis is at once precipitated. If the illness is prolonged, or if the breadwinner is the patient, a few days or weeks may bring the home face to face with difficult economic problems. Canadian statistics show that a large proportion of our families, after providing for the ordinary expenses of living—such as rent, fuel, food, clothing, etc.—can afford little or nothing for sickness. In the face of such facts, how can these citizens maintain the present accepted standards of living and at the same time pay for modern medical services unless they receive assistance from some source outside themselves? On the other hand, it is well to remember that great strides have been made in the science of medicine. Diagnosis and treatment include today many costly features that were not dreamed of a generation or more ago. So, while it is readily admitted that the cost has been increased, the service rendered has, we believe, outdistanced the added expense. At no time in the world's history have the poor—those whom fortune has placed in our public wards—been so splendidly cared for, not only while they are residents of the hospitals, but afterwards during convalescence in their homes, or in institutions specially set apart for that purpose.

Our joint professions share in these splendid achievements. The practice of medicine—using the term in its widest sense—can never be a purely business arrangement. It must always carry with it the philanthropic side. In ministering to sick humanity, we must always minister first and at some later day seek that remuneration to which we feel our services are entitled. If compensation is not forthcoming because of an empty purse, we must be content with the knowledge that we have endeavoured to render some little service to a distressed member of our race. Such is the tradition of our calling, and may the day never come when the thought of departing from this tradition could receive the slightest consideration in our ranks. The patient, be he rich or poor, must ever remain the first thought in any plan of health service.

In conclusion, may we say that, notwithstanding the many vicissitudes through which your profession may pass, keep your ideal of service nothing less than the ideal given by the Master Himself, when He said, "Inasmuch as ye have done it unto the least of these, my brethren, ye have done it unto Me."

Life, Profession and School

By F. CLARKE, Professor of Education, McGill University, Montreal, Que.

An old friend of mine once wrote a very able book to which he gave a title wherein the word "Evolution" was used. When it was suggested to him that the book itself had very little to say about any "Evolution" his reply was: "Yes, I know, but the publishers had the title they wanted, and I had a title under which I could say what I wanted."

So much for titles. I am afraid I must offer the same kind of excuse for the title I have chosen for this paper. It is just a wide-open umbrella under which I can find room for what I wish to say.

Stated in general terms the task I am attempting is one of a perspective sketch. I wish to look at our problem of the education of nurses from the outside, as it were, so as to view it in its setting of current thought and practice, both in education and in the wider field of social and cultural tendency.

A venturesome undertaking, to be sure. For the world of thought and action and cultural movement amid which our problem is to be seen seems to grow increasingly chaotic. It is a world where, to use an Irishism, only the strong heads can keep their feet. Fortunately, our topic itself helps us. I know very little even yet about the problems of nursing education, and most of what I do know has been learned in Canada. But, coming fresh to some study of the question, I have formed at least one overwhelmingly strong impression. It is this: that no question of modern education can be more *typical*, more *representative*, of all the major issues than that of the education of nurses. Those who wish to clarify their thinking among the tangled threads of education today could find no better specific for their purpose than a study such as we are pursuing here. For it raises, and raises inevitably, all the major issues. That in itself is quite sufficient justification for the very comprehensive report which the Survey has arrived at under the far-seeing guidance of Professor Weir. In Socratic fashion he has followed the argument wherever it leads, and he has found, as all honest students must find, that it leads not only into every department of our educational thought and practice, but into the very roots of our common culture and into the fundamentals of our social structure. Truly, we are engaged on no small undertaking.

Let me illustrate the point by mentioning a few of the issues that arise. To begin with, we are concerned, in the function of nursing, with an indispensable social necessity. Done well or done badly, the job must be *done*, and the loss is immediate if it is not well done. Here at once we have both an urgent question of vocational education and a great issue in social policy, if the necessary supply of skill is to be both forthcoming and readily available.

Then the service itself becomes increasingly technical, demanding an ever-growing degree of specialised training. Here is an issue that is disturbing us all, in almost every field of education today, and it is no exaggeration to say that the fate of society depends, in large measure, upon the wise solution of it. How are we to provide for the carrying of this ever-growing load of technical *expertise* and yet save and strengthen the human souls of men and women? A society consisting wholly or largely of "mere" experts: of people who are just experts and nothing more—what a horror to contemplate! Yet there seems to be some danger of it and the issue is nowhere more acute than in this field of the education of nurses.

(Note: Address to the Canadian Nurses Association in General Meeting, June 24, 1932, at Saint John, N.B.)

Next, we may glance at the professionalising process which gathers such strength in so many callings, in addition to that of nursing. There can be no doubt that change in the ambitions and status of women has given a powerful impetus to the process, which again, is full of danger. What is the recognised standard of competence to be? How is it to be achieved and maintained? What rights is the organised profession to exercise? How can the dangers of privilege be offset so as to safeguard the community without injury to the profession? Here are momentous questions both of education and of social control, and parallels to them can be found on every hand.

Finally, I will take note of another unsolved conundrum that is illustrated by our topic. It is of a more purely educational character and so can be used to lead straight into the main discussion. It is a question at least as old as Plato, and his discussion of it in the "Republic" is still relevant to our own case. It is this: What is to be the relation of so-called general (or liberal) to so-called special (or vocational) education?

How will that relation, when determined, be expressed, both in the educational progression of the individual and in the varied provision of educational means that the community must offer? In particular—in the case of nursing education, for instance,—what kind and degree of "general" education shall be demanded as a qualification for entrance upon specialised training? And again—perhaps even more momentous—what guarantees of continued cultural development of a broad human mind can be associated with or derived from the specialised training itself?

I call this last question particularly momentous. Why? For many reasons, the nature of which I can illustrate briefly. Are we quite sure that a preliminary course of so-called "liberal" training, given in the usual way, and carried as far as you like, is in itself a sure guarantee against the narrowing and dehumanising influence of closely professional studies? Can we be quite sure that the "liberal" training has taken firm hold and that there will be no back-sliding? For an answer, look around on the world of successful professional people.

Again, is there any profession which requires, more than nursing, that its professional training shall itself be penetrated through and through with a rich and liberal human significance, so that the clinical thermometer and the compress become, in themselves, symbols of salvation of more than a physical kind? Can we afford to make the same cardinal mistake in the training of nurses that we made in the past in the training of teachers, where we gave the narrowest and most illiberal of trainings for what should be the broadest and most liberal of professions?

It is this need for a liberal handling of the technical training itself that constitutes a strong argument for associating at least the higher training of nurses with the university, provided always that the salt of the university retains its savour. I shall return to this point later. Here I wish to express a growing doubt about the validity of the distinction between "General" and "Special" education as it is currently drawn. The doubt, I think, goes to the root of the matter. On the one hand I see men and women who have succeeded in drawing the means of fullness of life out of the seeming technicalities of vocational training. Such people find waterssprings in a dry ground. Or, like Saul in Israel, they set out on the humble task of seeking the strayed donkeys and find a kingdom. For one, the building of motor cars, for another the management of a schooner, for another the cultivation of a farm, yes, even the management of a household may become the gateway of emancipation into a satisfying life.

On the other hand, I see men and women of alleged "liberal" learning whose only capacity seems to be to go

on accumulating more and more of the same sort: walking museums, whose contents rattle more and more drily and harshly as life goes on.

Which of these has had the "liberal" training? Please do not misunderstand me. My point is not to decry so-called "General" education: anything but that! It is rather to emphasize the view that a course of education is to be judged by its product rather than by the content of its programme. That is liberal which produces the liberal and special which produces the special. And the difference is quite as much a matter of spirit and atmosphere as of formal content on paper.

I think we have here *the* crucial educational issue for a modern democratic community where each must discharge his proper skilful task, and all must share in, and contribute to, the common cultural life. We have not really faced the issue yet, largely because we have been obsessed by a formal distinction between the liberal and the vocational, which is largely traditional, and exists today very much on paper.

Let me illustrate by a direct question: What percentage of the young people of our universities—yes—even in our high schools—are there, in the last resort, for any other than a vocational motive? Insistently, in season and out of season, we have linked formal education with *success*. That has been our real faith, our real working philosophy. Some of us have gone so far as to work out laboriously and in true modern fashion the comparative cash value of various levels of education; public schools in hundreds, high school in thousands, and university in tens of thousands of dollars. And our young people have responded. Why should they not, to a faith which their elders hold so fervently? No wonder that, in their secret hearts, many of them look upon our fine "inspirational talks" about the value of education in itself as just so much insincere bunk.

The Nemesis for all this may be already at the door. I shall be immensely relieved if the next few years do not bring a violent popular reaction against the whole of our elaborate provision for formal education in school and university as a huge fraud. Unfair, no doubt, but it will be one more charge of the younger generation against the older that the latter has held out promises which it cannot fulfil. The donkey has made the painful journey and there are no carrots at the end of it. It is a little late in the day now to turn and rebuke the donkey for worldliness and to assure him that he has his reward in a much more spiritual and lasting sustenance than carrots.

Clearly it is the philosophy that is wrong, particularly wrong in the insincere guise of idealism behind which it hides the true grossness of its inspiration. In truth, where our effort should have been to liberalise the vocational we have succeeded only in vocationalising the liberal, and have fouled the feeding trough of culture in the process.

The fundamental revision of values that is called for will have to extend far beyond the field of education in the formal sense. Here it is enough to repeat that, largely because of this failure, modern democracy has hardly begun to solve its real problem; since neither in the individual life nor in the life and culture of society as a whole has it succeeded in integrating the Useful and the Satisfying; the Necessary and the Fine; the Vocational and the Human; the Specialist and the Man.

Spurious solutions are around us in plenty. Among them one might mention Efficiency, the ideal of triumphant techniques: "Service," offered usually only in return for a dividend, and combining, often unpleasantly, the lubricating grease of business with the treacle of sentimentality—even at its best its weakness is apparent in its vagueness; then the ideal of the "Good Mixer," in which

I feel at times the philosophy of Professor Dewey seems to culminate; or again, the ideal of Conventional Conformity of the "Hundred-Per-Center," which, one might gather, is satisfying to so many.

The real inadequacy of them all is evident in the vast reservoir of dissatisfaction that they leave behind, like a lake at the foot of a glacier. The lake is now growing turbid and agitated and threatens to give rise to a torrent. Its presence and the menace of it is the measure of our problem; a problem of education through and through since the threat comes not from an outside source at all, but from the bewildered minds and consciences of men and women who feel themselves betrayed by the old gods, yet need strength and guidance in the painful task of finding more satisfying objects of devotion.

Note again, then, how typical and representative our problem of nursing education is, set in the midst of a society where men are in danger of losing their souls in a vain effort to gain the world. Nursing, with the intense humanity of its mission, the wide diversity of its contacts with the life of men, and the combined concentration and sympathy that it calls for in those who practise it: is any profession more concerned with the supreme task of keeping body and soul together in much more than a merely physical sense?

So the claims of nursing education offer a most favourable ground for testing out the validity of our principles. To that task we will now proceed—the consideration of the education of nurses as a model for the whole problem of an integrated education that will keep body and soul together, unify life and vocation, and build a well-proportioned scheme of values so as to guarantee richness of life without prejudicing wholeness and effectiveness.

First, then, as to *objectives*. The chaos about aims which now characterises the educational field is but a reflection of the wider chaos that is paralysing Western civilisation as a whole. We seem to be passing through the profoundest moral and spiritual crisis that mankind has experienced since Greek times, and no man can say what will issue from it. I do not propose to go into its causes: they are a matter for the interpreter of modern history. Nor do I doubt that we shall come through: Western civilisation is not going to collapse. Here, however, I ask you merely to take note of the fact itself, patent as it is to us all.

A solution of our deep and painful perplexities cannot come wholly from the educational end. But it must, very largely, begin there, and it can hardly come at all unless those who have charge of education achieve a pretty clear consciousness of the direction in which a solution is to be sought. The burden of the pioneer and the scout is thrown upon the educator today as never before. He cannot escape the responsibility for a leading part in the drastic revision and re-integration of Values that is called for, and in the building up of those stable and adequate *Standards* that we so sorely need. Even so, his power may not be equal to his vision; his reach may exceed his grasp. But that is hardly his fault.

Let me repeat that the root problem is moral and spiritual, one of the reconstruction of stable values, and of a sure discipline to achieve those values.

I should like to be allowed to illustrate our problem by reference to three recent books which, for me at least, when taken together, state the issue with a most helpful clearness.

The first is H. G. Wells' "Work, Wealth and Happiness of Mankind"; the second is Aldous Huxley's "This Brave New World"; and the third, D. H. Lawrence's "Apocalypse."

Mr. Wells' book is the last member of his trilogy on the foundations and prospects of our modern world, the other two members being his "Outline of History" and his "Science and Life." This latest book may be

not unfairly described as a glorification of the practical ingenuity of man's intelligence and of the unlimited possibilities that lie open to his inexhaustible inventiveness. The note of the book is strangely reminiscent of the voice of King Nebuchadnezzar as he walked in the palace of the Kingdom of Babylon: "Is not this great Babylon that I have built for the house of the Kingdom by the might of my power and for the honour of my majesty?" We know what the consequence of that performance was, but Mr. Wells shows no sense of it at all in the anologous case. The prospect he paints is that of a vainglorious and rather vulgar Triumph of Technique. Witness, for instance, the snap and click of the highly polished "Efficient" Parliamentary system that he devises. The crucial word "Happiness" occurs in his title, but it is nowhere defined in the text, nor does it occur in the index. Neither does the word "Character." We are left to assume that the Triumph of Technique *is* Happiness, and Art, Poetry, Literature are handled in a very brief section where they are treated as the expression of man's superfluous energy.

Salvation comes, therefore, through engineering! Yet, inadequate, and indeed degrading, as the Wellsian conception is, it, or something very like it, serves as a seemingly satisfying ideal to many at the present time.

Aldous Huxley's "This Brave New World" is a biting study of the Wellsian ideal come true. Science and technique and the calculating intellect have triumphed: war and disease, poverty and maladjustment are no more: even the pangs of birth and the risk of misfits have been circumvented by elaborate pre-natal treatment which utilises all the latest in bio-chemistry. To utter the word "father" or "mother" is now the height of obscenity.

All the ills and disagreeables have disappeared. But so also have all the deeper satisfactions. There is no friction, no striving, no rising from the ashes of failure to new efforts at self-making. Poetry has sunk several grades below doggerel, and music has disappeared to give place to direct titillation of animal feelings.

The intrusion into this world of a savage, who has, by accident, got hold of a neglected Shakespeare, causes a riot and, incidentally, gives Mr. Huxley the chance to say what he thinks of it. The whole thing may be summed up as: *Pigs*, without even the excuse of dirt.

Whatever one may think of the details, the moral of it all is clear. The conquest of war and disease and poverty is not the end of our problem, but the beginning of it. When we have got thus far we shall be faced more nakedly than ever with the inescapable problem of the Art of Life itself. Man can use science to conquer ills; but he can also use it to condition himself so as to become quite insensitive to the whole range of what we used to call the "higher" values. Is he to describe as "Happiness" the well-washed but brutish contentment that might ensue? Is it not rather the case that Beastliness *plus* the clinic and the bathroom is Beastliness still; if anything rather worse than the primitive unwashed kind?

That seems to be Mr. Huxley's moral, and some current tendencies in life and education seem to be not a little concerned in it.

The third book, D. H. Lawrence's "Apocalypse," is the profoundest of the three. It is such a passionate unity and it makes such efforts to use language to express the inexpressible that quotation is hardly possible. But its general burden is plain. Lawrence puts his finger on the overgrowth of the inventive intellect—the Logos, as he calls it—as the root cause of our modern disease. His own self-torment in the search for a remedy should warn us that the quest is not easy. Also it is full of danger, as Lawrence's own writings show. Fullness of life is made to look like a perilous walk along a sort of knife-

edge with a chasm of beastliness on either hand, that of Caliban on the one side and that of Babylon on the other. But there is good Christian precedent for such a view, without involving ourselves in the negations of Puritanism.

For our present educational purpose it may be enough to say that what we are faced with is the need for an infinitely delicate and pliable *discipline*, that can be diversified and variable in its play just because it is so sure of its end, and that can guarantee freedom and fullness without falling into sophistication. I want to stress this word "Discipline," as the necessity for it seems to follow from all that has been said about the lack of true and adequate standards and the chaotic operation of false and inadequate ones. Reach agreement upon standards and the discipline follows. Hence I think it is not untimely to state our problem as one of the Reconstruction of Discipline. The point is important in the present connection just because of that peculiar *representativeness* of nursing which I have already emphasized. The nurses professional *expertise* will be a poor and shrivelled thing—it may even be a dangerous thing—unless it springs from and is rooted in a large and liberal human discipline such as we are now contemplating. She is the representative of a culture as well as the bearer of healing, and she cannot well represent what she has not learned to possess.

Now this word "Discipline" is not popular today. I know. But that is largely because of the company it has kept in the past. When we hear it we think of its old, unpleasant associations without pausing to analyse its real and necessary content. But to purge and reform the concept is one thing: to throw it away is quite another thing, as calamitous as the proverbial throwing away of the baby with the bath. For *all* education that is not a blind and cowardly surrender to whim and impulse is discipline. It involves always a choosing of this rather than that; it is indeed one long series of choices of the better over the worse. Where there is choice there is a standard, explicit or implied, and that standard is conceived in terms of the good of the disciplined one. The old discipline erred in method rather than in end. It took too little trouble to secure an *internal* discipline, to identify the positive will of the pupil with the aims of the tutor, and so with his own good. For it, the will of the pupil was the obstacle, not the hope. John Wesley, when he urged an anxious mother to "break the child's will" at all costs, was wholly benevolent in his intention; we can hardly say he was wise in his method.

What we have to do with the concept of discipline, therefore, is to revise its method, not to throw it away. It is by no means the only example of a salutary idea that is apt to be thrown away in these heady and oversentimental times just because of past prejudices and because we lack either the wit or the will to make a right use of it.

Our notion of a Reconstruction of Discipline implies, then, a comprehensive ideal of self-building that will give to both individuals and society a satisfying moral and spiritual *shape* within which all the fullness of diverse human possibilities can be realised. The Greeks had such an ideal of shape—within limits. Mediæval Christendom had one too, also within limits. But the course of the last few centuries of history has been all against any reconstruction of it. Yet it is what we are all fumbling after in blind and somewhat perverse fashion. If ever we do again achieve some approach to such an ideal it will have to be something far richer and wider than any such ideal has been in the past. For it will have to cover a much wider range of human possibilities; it will have to include and provide for a vast number and variety of individuals; above all, it will have to provide for a discipline that is freely ac-

cepted, positive and *internal*, if it is to satisfy modern man.

But we must achieve it if we are to educate at all with effectiveness and confidence. Without it, education becomes either the application of false disciplines to distort a natural humanity, or a sprawling, shapeless, aimless thing with no discipline at all and hiding its real nature under a mush of uncritical sentimentality about "Freedom."

When it becomes possible again to apply in Education a full concept of Discipline, fearlessly and confidently, we shall see a considerable shifting of emphasis among current ideas. Thus there will be less of problem-solving and more of the heightening of sensibility and awareness; less of interest-following and more of willing and choosing; less of the group-activity and more of the contemplative self; less of either license or prohibition and more of self-restraint; less of endless invention and "re-making" and more of absorption in and attunement to an ideal that finds expression all around. We shall move, that is, away from a misunderstood Rousseau towards a better understood Plato. We shall depend less upon things and more upon ideas; we shall gain in quiet sensitiveness without losing in eager curiosity.

If we can restore a large and liberal conception of Discipline in this sense our problems of vocational education will be solved in so far as their solution depends upon an adequate preliminary general training. Where all are trained to respond actively and sensitively to the values of a rich common ideal, with a training which runs less risk than ours does today of degenerating into an aimless and meaningless scholastic ritual, the subsequent vocational preparation will have in view not the *compartmentalising* of a little special corner of the common life, but the expression of the common life as a whole through one of its typical functions. The thought is quite Platonic in spirit. The nurse is the community nursing; the teacher is the community teaching; the tailor or cobbler the community patching; and so on. In our present divided, chaotic, undisciplined state the thought may seem visionary enough. Nevertheless, the attainment of something like it is the key to the true solution of all our problems of educational objective.

My reason for dealing thus fully with this fundamental matter of a General Discipline should now be sufficiently clear. The picture would be wholly incomplete without it. I have been struck by the emphasis that experienced nurses themselves place on this matter of general education. They realise, I think, that nursing does not take place "in vacuo" as it were. It involves close and peculiar contact with human beings in a condition of peculiar need, and the strenuousness and tension which are involved in its pursuit call for a personality that is peculiarly rich in inner resources and the means of preserving balance and sanity. In a word, it calls in a pre-eminent degree for just those refined and developed human traits that it is the business of liberal education to provide. Do I not claim rightly that no better and more representative field for testing out our principles can be found than this of the education of nurses?

So much then, at least for the present, for the all-important foundations. What of the special vocational superstructure, the training of the nurse as such?

Here you have for guidance the rich resources of the Survey Report, so I need do no more than touch upon some of the main considerations. I will speak first, briefly, on the social implications, and then, at somewhat greater length, of the Educational necessities.

Concerning the relation of the nursing function to the structure and functioning of society as a whole, I wish to say quite definitely that I see no hope of a final and satisfying solution of the problem of training unless the health services of the community

are de-commercialised. The problem is simply insoluble unless this is done. I have often noticed the curious fact that debates on professional questions —even among teachers and professors —frequently turn out to be, in reality, just conflicts of vested interest. So long as the commercialised competitive basis persists, so long will the human and social value that should dominate training tend to be vitiated at their source. Even if the instructor sees straight, the pupil will be tempted to look asquint. The universities themselves are not free from it either, unless we are to believe that every Ph.D. degree is sought with a single eye to the advancement of learning. I know nothing more melancholy in a teacher's life than the watching of this "contagion of the world's slow stain" as it creeps insidiously but deliberately over pupils in whom he thought he had seen capacity to resist. The evil is only made worse by hypocritical unction about "service."

It is not for me to say how the socialisation should be effected. I merely lay down the principle as necessary to a full and worthy achievement of the educational end. But I would like to add just a word about the alleged "loss of the spur of competition" that would follow upon socialisation. This contention impresses me as a melancholy instance of our customary failure to think comprehensively and disinterestedly on those great social issues. Two things can be said about it. In the first place, to what *kind* of competition is the present order of things a spur, competition for the advancement of professional practice or competition for the material advancement of individuals? Some material for an answer might be had from an inquiry into the sources of advancement in medical and health practice during the past century or so. How many of the advances have originated with purely "competitive" practitioners?

In the second place, would there be no competition under a socialised system? The question answers itself. But, of course, it would be competition of a different kind.

Really I am more than sceptical about this argument of "competition," in the 19th century economic form in which it is usually put. At times it almost seems to be equivalent to an assertion that the human aspiration towards excellence will not function at all except at the lure of gold. Yet, all experience of genuine human service belies it.

I turn now to speak more specifically of the scheme of training that is implied by our double objective of a vocational adaptation growing out of a live and strong general culture.

The Survey Report, in the comprehensiveness of its range over the whole field, reminds me a little of the famous "Institutio Oratoria" of Quintilian where he discusses the training of the orator. He begins by getting his subject satisfactorily born, and does not think it irrelevant or unseemly to discuss the details of the regimen of infancy. For it all belongs, since "Orator nisi vir bonus, non potest." The Survey seems to think much the same about nurses. True, they have to be made as well as born, but the making goes on from the first and there are certainly some who are born *not* to be nurses.

Again, note the *representativeness* of this matter of the education of the nurses. It is one well-marked instance of the whole general process, and the Survey is entirely right in bringing to bear upon the problem wherever it can, the best of our ascertained knowledge about the educative process.

You will not expect me to discuss the infancy regimen of the embryo nurse as Quintilian discusses that of the embryo orator. But it is not irrelevant, and as a father of five daughters I might claim to have a few ideas about it.

However, I must concern myself here with the more strictly scholastic preparation. The field can be divided conveniently into three parts or

stages. The first I will call "Cultural Saturation"; the second, "Specialisation"; and the third, "The Higher Training."

What I mean by "Cultural Saturation" should now be sufficiently clear. I will not call it the dipping or dyeing process as that makes the subject of it too passive. But it is something of that sort in its effect. What it does is to produce the live, alert, self-conscious *type* of a culture, which, if not yet fully developed, is full of the promise of rich and many-sided development. Of course, in Canada, the cultural constituents will have their Canadian flavour, but I see no serious danger in Canada of a narrowly interpreted Nationalism restricting the possibilities of a broad human culture. The charge is rather the other way; incoherence and shapelessness and lack of a clearly defined sense of what it means, culturally, to be Canadian. But a touch of adversity seems to have made the omens more favourable and there are welcome signs that the whole common life of Canada may draw itself together in a more self-conscious unity, fruitful in suggestion and guidance and disciplinary influence for all its members.

However that may be, the possibilities depend on forces that are beyond the immediate control of the nursing profession as such. The practical question for us here is to decide what degree of saturation, such as is now possible, the candidate nurse should attain to.

We cannot go behind recognised certificates of scholastic standing. Admitting all their defects and dubieties, we must allow that efficient conduct of mass education requires them. Remedies for defects must take the form not of discarding these holding-pins so as to let education down in a shapeless sprawl, but of improving and enriching the culture to which they testify, and of fighting relentlessly against the tendency to exaggerate the cash value of a certificate as such. High school leaving standard seems to be the best we can hope for just now, and where high school training is good it may be sufficient. For we must not forget that the next stage, that of vocational specialisation, should keep open many possibilities for further culture.

May I add that I disagree with the Survey if I understand rightly that it advocates a special *ad hoc* Nurses' Matriculation? This would be a retrograde step: the adoption of a practice which other professions have discarded. The time for what I call "Saturation" is all too short: its value for the subsequent training is due to its being what it is, a general culture; and as one who has suffered from it I deprecate these all too early predestinations:

> "Oh! If we draw a circle premature,
> Heedless of far gain,
> Greedy for quick returns of profit, sure,
> Bad is our bargain"

I would rather see a lengthening of the professional training should that prove necessary.

Coming now to specialised professional training, I notice that there is a tendency among nurses to speak rather bitterly and contemptuously of what is called "Apprenticeship." I hope I shall not be thought unsympathetic if I suggest that on this point we should think again. I know well the evils of a system that subordinates the paramount claims of genuine training to the exploitation of cheap, immature labour. I had a little to do with that fight in South Africa in helping to build up the semi-State system of educative apprenticeship that is now in operation there. Also I have been through it myself. I served my four years as a very juvenile apprentice—a pupil teacher—in England in the bad old days before the reforms of 1902. I know how much drudgery and how little education there may be, how much premature responsibility, how much lowering of standards of achievement and stifling of the wider powers.

But have we not here a case like that of discipline; a true idea perverted and misapplied by a mistaken

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and vicious method? Is apprenticeship still wrong when the claims of education are made really paramount, when the pupil is first and foremost a learner and a young worker only *because* he is a learner? For what is the alternative to apprenticeship? Can it be anything but a school? Faith in schools is apt to be strong when belief in education is weak. Everywhere their severe limitations as instruments of true vocational training are becoming better understood, and recourse is had to training-on-the-job, with a specialised kind of school playing a subordinate though necessary part. Do not let us, then, discard the concept of apprenticeship. It is the right notion. Let us rather purge it of its bad economic associations and of the abuse of methods that has so often gone with it. The Survey Report makes excellent recommendations on this point, which I need not repeat. They seem to fall under two heads: (1)The organisation of adequate teaching institutions. These can only be hospitals with properly equipped schools attached to them. (2) The provision of properly trained teachers. There is a new profession here, which will have a great part to play in the future. Whatever we may be able to do here at this conference, the real task will be theirs. They will be key-people discharging a most vital function, and I trust that the coming organisation will be flexible and liberal enough to give them proper scope. In the parallel case of the State schools the teachers have still not achieved their proper share in the making and execution of policy. I trust that hospital boards or other governing authorities will be wise enough to guarantee the "libertas docendi" of those upon whom the main task must fall.

But over the whole of this scene of the specialised training I see again the spirit of socialisation asking for embodiment. And the claim grows the more insistent the longer I look at the problem.

May I add that, if the training schools of our dreams should really get going, I should look to them to make significant contributions to our knowledge of educational principles and technique? Working in so rich a field, where there are so many points of contact with varied human interests, and guided, as they would be, by highly trained directors, they should yield much that would be of value to us all.

Again, do you observe, that note of *representativeness!*

I come, finally, to what I have called the "Higher Training." The meaning of the term will be clear to you. It refers, of course, to Instructors, Administrators and Directing Staff generally. It is here that I smell the smoke of battle, for intensely agitated questions like that of the proper scope and function of universities and that of the rights and status of what may be called the higher professions for women here come upon the scene. So you will forgive me if I tread a little warily. I am prepared to accept right away certain propositions about the training that is called for at this level, the training in a School for Graduate Nurses, if you like. These propositions are:

1. That the training is of unquestioned university level.

2. That it requires urgently the university atmosphere of breadth, leisure and disinterestedness.

3. That those who will take it are beyond all question of university standing. I can speak from a little experience here, having been brought in touch, academically, with groups of students in a university school for graduate nurses. It seems almost like insulting them to give the assurance that I have been struck again and again by the strength and maturity of mind that many of them displayed, by the keenness of their interest, both professional and intellectual, and by the value of such an experienced leaven in the general student body.

But it does not necessarily follow from my acceptance of these propositions that I should agree to the further propositions:

1. That the universities should assume sole responsibility for such training.

2. That successful completion of it should be marked by an *ad hoc* degree for nurses as such.

Note that my attitude is non-committal. I do not deny these two last propositions, but neither do I wholly affirm them. There is a fence-sitting attitude for you! Say that if you will. But many things have to be considered. Let me mention a few of them.

1. You may look for, and find, the subject "logic" in the curricula of universities, but you must not expect to find it always in their policy. They, like other institutions, are the creatures of circumstance, and history and accidental pressures, and it does not follow that what they have done once they will do again. With them, as with politicians, the chill of practical necessity may make them insensitive to the fervent heat of logic. Law, Medicine and Theology have their place by ancient practice: Engineering and Architecture are well-established new-comers: Commerce, pushful as ever, is getting well in. Now comes a situation not unlike that of the recognition of denominations in public education —if one sect why not all the rest, and how many might there not be?

2. This necessarily raises acutely the question of the real purpose of a university, that function which it must always put first in considering competing claims. There is debate enough on the question today when universities tend to disappear in a congeries of technological schools. But my own mind is quite clear that the true value of universities will be lost unless we put first the functions—the purely *cultural* function—of saturation, as I have defined it, and the creative function of Research. These, I think, must always have first claim.

3. But this need not mean the complete exclusion of all further professional schools. The problem is largely one of finance. The university's attitude might be different if it did not feel it was robbing its own child Peter, to pay a stepchild Paul. Is there no possibility of founding schools rather like theological colleges, in close affiliation with universities but with no financial claims upon their general funds? The practice is by no means unknown and some major difficulties might be obviated if it could be followed.

4. As for the degree, if that is demanded, various courses are possible. The wide umbrella of Arts or Science might be capacious enough to cover a very satisfactory degree for nurses. For have I not all along been emphasizing the central representativeness of the nursing profession and its education?

Or the school might give its own qualification with the university's imprimatur. I agree that the issue is largely one of professional status and there may only be one way—that of the nurses' degree as such —to secure the object. But as yet I remain unconvinced.

5. Greatly daring, I venture a last point. What of the future of university degrees in general? "When everybody's somebody, then no one's anybody." Sometimes I long for that day to come, when, with a tremendous slump in the value of university degrees, it may be possible to tempt young people to turn away from pot-hunting to the serious business of their own education. "A man's first social duty," says a wise American, "is his own education." I agree heartily that a great and vital social function like nursing,

where the training must be severe, and the work is often arduous and thankless, calls for adequate social recognition. And I agree, too, that such recognition is, to some extent, a factor in efficiency. But in that more rational and better socialised world towards which we hope we are moving standards of valuation may be different. We may learn better to value people for what they are and for the significance of their service rather than for their labels. The salesman and the advertiser will not always rule, and those who have lived with the most satisfaction to themselves and the greatest benefit to mankind rest generally in unvisited tombs.

This may sound like cold comfort, and I may myself be accused of offering the labouring animal spiritual sustenance because I am not prepared to let him have the carrots. Carrots are sweet and pleasant nourishment, but they are not the same thing as a faithful journey. God help us all to know our true reward.

In conclusion, may I say that I value very highly the opportunity you have given me for thus addressing you? I ask your pardon for anything amiss that has been said, and for omissions of which I may have been guilty. But I have tried to put before you a few inadequate hints towards a guiding philosophy, and I know you will be able to take what is fruitful and leave what is barren.

I close on the note with which I began; the thoroughgoing human representativeness of nursing. I have had the privilege of its ministrations as I have had the privilege of teaching some of its ministers. I have tried, to the best of my ability, to offer some help in the solution of its training problems, and I am left now with a great hope and a great confidence. For your work carries you right into the centre of this human scene, to springs of emotion and action to which many of us cannot penetrate. As I think of the burden laid upon you, I recall that well-known verse of Blake:

> "To Mercy, Pity, Peace and Love
> All pray in their distress,
> And to these virtues of delight
> Return their thankfulness."

I can offer no greater tribute to the nursing profession than to say that reflection on its mission and its problems makes me think of that verse.

The addresses by the guest speakers at the General Meeting C.N.A. are available in reprint form.

The Public and the Survey—The Hon. Vincent Massey—
5c a copy or 50 copies to one address—$2.00

The Medical and Nursing Professions and the Survey Report—Dr. G. Stewart Cameron,

Life, Profession and School—Professor F. Clarke,

The Scientist and the Survey Report—Professor Roy Fraser,

These three addresses are in one set—
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A limited number of these reprints are available. Orders should be placed immediately by those who wish a supply for distribution. The printer's set-up for an additional order can be held for a limited time only. Orders should be sent to the National Office, 511 Boyd Building, Winnipeg, Man.

The Scientist and the Survey Report

By ROY FRASER, Professor of Biology and Bacteriology,
Mount Allison University, Sackville, N.B.

I am very greatly honored by your invitation to address this Association, and particularly so because this Saint John meeting is the most momentous convention in the history of Canadian nursing. The eyes of the nursing world are upon your deliberations, for by your transactions there must be laid the foundation of a new structure that will increase the power and scope of the already splendid achievements of your profession.

If you expect me to make the conventional sort of after-dinner speech, or that what I say will have any entertainment value, then I must ask your forgiveness for disappointing you.

But the instructions of your Programme Committee imply that that is *not* your wish, for you have charged me with a very specific duty,—that of discussing the Survey Report from the viewpoint of a scientist.

That places upon me the eternal obligations and limitations of my profession,—those of telling the truth as I see it, of searching out a few significant principles from a great mass of facts, and then presenting my conclusions in the plain and unbeautified form of the summary of a scientific paper. You asked for it; now you're in for it. But I'll try not to be too prosy, and if I can contribute even one useful idea, one constructive suggestion toward the improvement of nursing education, then your time will be better spent than it would have been in listening to the usual verbal pyrotechnics of the habitual after-dinner speaker.

I shall divide my remarks under four headings:

1. The Survey Report
2. Pre-nursing Education
3. The Nurse and Health
4. The Nurse as a Woman.

(Dinner address, Canadian Nurses Association General Meeting, June 22nd, 1932, at Saint John, N.B.)

1. The Survey Report.

It is not flattery but honest praise and straight from the heart when I say that the Report represents the finest piece of survey work I have ever seen in my life. I have no words adequate to express my admiration for the vigor and directness of its attack, the methodical and well-ordered presentation of its findings, and the saneness and cogency of its reasoning,—a piece of work that would warm the heart of any scientist.

And it is not only good reporting but, by all the gods, it is good literature!

Your Committee deserves the gratitude of the nursing and medical professions, and of the public, for the way in which it has carried out this great task of surveying and analysing the conditions and problems of an entire profession.

You were most happy in your selection of a Director, and fortunate in securing his services, for I say in all sincerity that there is no man in the Dominion of Canada who could have conducted that Survey with greater efficiency or more inspiring leadership than did Professor George M. Weir. As a member of the guild of university teachers, I am naturally proud of this splendid achievement of my fellow teacher, but I realise—as Professor Weir himself would be the first to say—that he had associated with him a committee of nurses and doctors of the highest distinction in their respective professions.

Without such a general staff, no one field-marshal could have carried through such a great campaign so successfully. The Committee, in turn, were well served by a co-operating army of thousands of nurses and doctors throughout the land. What a fine sense of mutual helpfulness exists in those two professions; each is not only the complement but the comrade of the other, and I think that I can read

between the lines of the Report something of the fine spirit that made the Survey possible.

The Survey Report is primarily an educational document. It deals with many other issues that affect the nurse, but as the title of the Report implies, the chief concern of the Survey has been to study present conditions in nursing education, to determine the virtues and defects of the present system, and to recommend those reforms which are obviously needed if nurse-training is to be brought into accord with modern educational ideals and methods.

"Aller guten Dinge sind drei," said Goethe. So I shall select from the entire Report the three outstanding reforms which, in my opinion, are made imperative by the facts presented, and which must be pre-requisite to all other reforms:—

Point One: (page 301) "The exploitation of the student nurse under the guise of educational training should be stopped. The approved training school for nurses should be considered primarily as an educational institution rather than as an economic asset to the hospital." In the whole length and breadth of the Report there is nothing that takes precedence in your programme of reform over the postulate stated in those two sentences. Start out to carry that point; keep fighting until you *do* carry it; and the day you carry it you will free our training schools from the greatest injustice under which your profession has to labor.

If you think that is strong talk, you will find stronger talk in the address given by Dr. E. P. Lyon, Dean of the University of Minnesota Medical School, before two state association meetings of registered nurses and published in the March, 1932, issue of *The Canadian Nurse*. I do not agree with Dr. Lyon that all the problems of nursing will be solved by divorcing its educational and economic aspects, but I do most heartily agree with him that this step must come before all other steps, and that all the others are in a large measure contingent upon it.

Point Two: The rigid selection of fewer candidates, and better ones, for the student personnel. On the academic side, the candidate must have nothing less than Junior Matriculation or, preferably, the proposed Nursing Matriculation. Any young woman who has not enough mental ability to make Junior Matriculation standing has no business in a professional school (will you show me any other skilled profession that would permit it!) and no institution has any right to permit a student nurse of inferior intelligence to assume the care of the sick. Modern scientific medicine demands that under no condition shall the safety of human life be entrusted to the mentally incompetent.

The foregoing or academic selection may and should be made according to standards uniform throughout the land. The appraisal of personal fitness, however, can not be standardised, and must be determined by training-school officers of the widest experience and soundest judgment available.

Point Three: The employment of nothing but full-time permanent instructors in all training-schools. I am quite aware that in this third point I am going far beyond the recommendations of the Survey, so please blame me and not the Survey. In order that Professor Weir may not catalogue me among the ultra-progressives, and also to escape from the wrath of those present who are experts in the field of hospital budgets and staff administration, let me admit freely and frankly that this third point is decidedly impracticable under present conditions, and that it will take a long time to bring it into action.

Granted, but I must also insist that if the educational principle involved be sound, then neither the limitations of the present nor the reconstructive difficulties of the future can ultimately prevent it from coming to pass.

The principle is absolutely sound and its demands are inescapable. The very haphazard hit-or-miss methods of instruction which prevail in some of the smaller training-schools today are neither educationally sound nor practically efficient, and they result in something far worse than honest ignorance, — namely, institutional sham and pretense, issuing a counterfeit coinage of scanty, irregular, superficial "teaching" and passing it off for the face-value equivalent of the better instruction given in the larger schools. All small schools are not culpable in this respect, nor are all large schools necessarily satisfactory, but having granted these exceptions, the fact remains that there are far too many cases in which the criticism is perfectly justified.

Whether the school be small or large, I hold that the only person who is qualified to give proper teaching is that person who has made it a life work, who has mastered not only his subject but also the technique of teaching, who continues to specialise permanently in such teaching, and who adds year after year to his experience in the particular methods and problems of nurse-training. The "occasional" lecturer, the temporary teacher, the half-trained and inexperienced instructor, the mechanical technican-trainer,—these are all too familiar figures in some of our schools, and as long as they are used as a cheap substitute for qualified full-time instructors, so long will the attainment of high training standards be difficult or impossible.

We need only state one argument in order to defend this thesis successfully against every conceivable criticism, namely, the fundamental ideal of medicine which holds that as long as human life is sacred, so long is it our responsibility to protect the patient from all incompetence and inefficiency in the medical and nursing services upon which his safety rests, and if what I said under Point Two concerning mentally incompetent students be true, it is equally true when applied to pedagogically incompetent instructors. The efficiency of the nurse will be conditioned very largely by the quality of instruction she receives, and we dare not give her less than the very best.

"Where will the money come from?" It will come from the same place that the money for all the rest of our educational institutions comes from, and you will only get it by doing what our educational pioneers did —by fighting for it. They won their fight because they had vision and courage and determination, and you will win yours for the same reason. There *are* some reactionaries and obstructionists in Canada today, but they are not numerous, and you are; they are not organised, and you are; they have no wise leadership, and you have; they have power to impede or delay your reforms, but they will find in the end that they are *not* as powerful as a highly-organised army of professional women, stretching from coast to coast, and known as the Canadian Nurses Association.

2. Pre-nursing Education.

The idea of a university course of pre-nursing education which I am about to outline is not my own. It was suggested to me last year by my faculty colleague, Miss Lilian Hart, R.N., who also gave me a tentative outline for such a course. Miss Hart later brought to my attention an address published in the January, 1932, issue of *The Canadian Nurse*, which Dr. Clowes Van Wart of Fredericton had given before the New Brunswick Association of Registered Nurses, and which was in some degree comparable with the plan devised by Miss Hart.

Miss Hart's suggestion is, in brief, that the clinical training of the nurse be preceded by a pre-clinical course of one year in a university, somewhat similar in principle to the pre-medical training of medical students, but also including in addition to the basic sciences most of the theory lectures which now overburden the nurse during the period of her practical train-

ing, and which in their present form and position are so at variance with proper teaching methods.

Dr. Van Wart suggests that two courses be offered, as follows: "Course One would cover a professional curriculum of eight months at a university and three years at a standardised school of nursing. This course would lead to a Diploma in Nursing. Course Two would cover a professional curriculum of two years and four months at a university and three years at a standardised hospital. This course would lead to a Bachelor of Science degree in Nursing."

Dr. Van Wart has given us an idea well worth studying. I think, however, that his second course, extending over a period of five years and four months, is too long for present acceptance.

Moreover, I can not feel that a degree should be the objective of any nursing course. In saying this, please don't think that I am lacking in respect for existing university nursing schools where degree credit is given. I am loyal to the ancient traditions of the university world, and it is because I *am* loyal to those traditions that I feel bound to deplore the present craze for degree-seeking and the quantitative method of degree-granting.

A degree once meant that the holder thereof sought and mined and loved the pure gold of learning, but today —we have gone off the gold standard. To vary the figure, we give most of our degrees nowadays to hurdle-jumpers. The fault is more ours than theirs.

If a degree *means* anything, then let the nurse seek it if she wishes, but let her wait until it does mean something more than it means today. Far from thinking that the nurse is not worthy of a degree, I feel on the contrary that the bachelor's degree at its present value is not worthy of the nurse! The highest type of nurse stands in a position of such dignity and such proven worth that her sense of values should lift her eyes above what Miss Kathleen Russell calls "the glamour of these symbols," and I agree with the ideas expressed by Miss Russell in her able article in the December, 1928, issue of *The Canadian Nurse.*

The plan which I now place before you is based largely on the Hart and Van Wart plans, together with some additions and modifications of my own. If the plan is good, give the credit to Miss Hart and Dr. Van Wart:—

I would suggest two courses. The first would extend over a period of three years of institutional training, followed by a supervised interneship of six months in the field of private duty.

The first eight months would be spent in a university and would cover a pre-clinical course of twelve subjects, six in each term. The presentation of each subject would differ markedly from the usual presentation, and would be simplified, condensed, and particularly designed to serve the actual working needs and experiences of nursing practice. The subjects are as follows:—

1. Anatomy and Physiology.
2. Human and Medical Biology.
3. Bacteriology (including Asepsis) and Elementary Immunology.
4. Chemistry.
5. Dietetics, condensing nutritional theory and emphasizing the relation of diet to the cause and treatment of disease.
6. History of Nursing, including Professional Ethics.
7. Psychology and Mental Hygiene.
8. Hygiene and Public Health.
9. Materia Medica.
10. Sociology, including the social and economic aspects of disease.
11. English Composition and Public Speaking.
12. Introductory Lectures and Demonstrations in Nursing Practice.

(Post-script: There would be no course offered in house-maid's work!)

In all of these courses, the laboratory method should be stressed wherever possible, memory-cramming and spoon-feeding methods minimised, and the self-teaching powers of the student developed to their utmost.

At the end of her university year, and following a month's vacation, the student nurse would enter a two-year period of practical and clinical instruction in an approved hospital. At the end of this period she would take her six months' supervised internship in private duty, and upon its satisfactory completion she would be awarded her Diploma in Nursing.

The second or advanced course would consist of an additional year of work, taken partly in the university and partly in the working field of some special branch of nursing. It would give the holder of a nursing diploma an opportunity for advanced study in a specialised field, it would add to her experience something in the nature of a senior interneship, and it would be a required course for all nurses entering the field of public health work.

There, in brief, is the suggestion. We claim for it the following advantages:

(1) It would emancipate the student nurse from the present congested and ill-adjusted system of concurrent theoretical instruction and ward-duty, and it would relieve the hospital of many of its training-school problems.

(2) It would bring nurse-training into conformity with proper and accepted methods of instruction in the basic sciences which underlie all medical practice and health conservation. I can assure you that the science departments of our universities know their business, and there is nothing haphazard or irregular about their methods of instruction. The student nurse would receive from them a training that was sound, useful, and of the highest standard.

(3) It would relieve the hospital of a large part of the financial burden of full-time instructors, and of many problems of staff administration besides. A hospital is a busy, high-tension institution, and the maintenance of the training staff is not the least of its problems.

(4) The pre-clinical course would weed out all of the mentally incompetent and almost all of the personally unfit, and would send into the hospital only those students who had given ample evidence that they are of the stuff from which good nurses are made.

(5) It would be productive of more uniform standards of nursing education throughout the land, and it would unite the forces of the university and the hospital in the same co-operation which has already been so fruitful in the university medical schools.

There are five good reasons why such a move would be valuable. If you can give me five good arguments that will nullify those reasons, I will accept them humbly, for it is ever the part of the scientist to search for the defects as well as the virtues of his reasoning. I submit the plan for your consideration, and hope that it may merit a place in your discussions.

3. The Nurse and Health.

The most interesting and significant development of modern nursing is, to me, the increasing emphasis on the nurse as an invaluable agent for the conservation of health.

I make no invidious comparison between any of the branches of nursing. Each special field has its own importance, its own indispensable place, and as there is no branch of nursing with which I have *not* had some contact, either in my hospital years or in subsequent experience, I can not do other than accord to each branch the admiration and respect which it deserves.

But you have asked me to deal with nursing from the scientific viewpoint, and I am thereby constrained to view the matter biologically. Under the compulsion of biological fact, I have no other choice than to state with all

emphasis that the pre-eminent and commanding figure, the figure of the greatest social and scientific significance in the future of nursing, is that of the public health nurse.

Having every regard for scientific restraint of speech, and confident that I am making no exaggerated statement, I say that in the years to come the public health nurse will be potentially the greatest single instrument for the conservation of human health.

Let me place behind that statement a supporting background of the biological significance of disease, and the relation of health education to the physical destinies of mankind.

* * *

Disease is one of the strangest phenomena in Nature. While its effects are obvious, there are many of its causes that have yet to be explained. There is evidence that disease is of immense antiquity, and it is possible that it has been co-existent with the entire span of life throughout the ages. Certainly we have no evidence that primitive life was perfect and that later organisms fell from their high estate and made possible the development of disease as an evolutionary product. The field of parasitology alone asks questions which we can not answer, and immunology in its present state is unable to throw much light on the subject. Sometimes it would seem that disease has served a useful function in the economy of nature by destroying the unfit; at other times it has raged like a mad, unreasoning demon, destroying the fit and often leaving the unfit to survive. Let us not be too glib about the place of disease in biological history; we have still too much to learn.

But there is certain ground upon which we may stand with confidence. We know for a fact that most if not all disease is the result of some violation of natural law; the organism has failed to make the required responses to certain demands, and penalty is thereby meted out to it according to the degree of its transgression. Among the lower animals these laws operate blindly and automatically.

But there is a different situation when we come to man, for there are three powers given to us which are greater than the lower forces of Nature and which enable us to wrest our fate from the hands of the blind god of chance and shape for ourselves a new and higher order of life on this planet.

Those three forces are Free-will, Knowledge, and that strangest and most inexplicable of all forces, whose very name is a synonym of Deity,—the power of Love.

Free-will, the liberator, that makes us not behavioristic puppets but children of God, endowed with the high privilege and charged with the solemn responsibility of choosing our own deeds and destinies.

Knowledge, that "mastery through service" for which science seeks, that man may look upon the world in which he lives with understanding, with spiritual insight, and with control over the forces of Nature through an obedience to the natural laws which govern those forces. By knowledge he will come to kingship over the forces of Nature, but he will only retain his crown as long as he respects and obeys the powers and demands of his subjects. If he fails to balance free-will with self-discipline, if he fails to balance scientific power with moral law, if he spends the resources of his kingdom foolishly, then his subjects, the forces of Nature, will rise up and depose him and destroy him.

Love, that mystic power which is performing the greatest miracle in all Nature,—the transmutation of the human spirit from brutality to gentleness, from self-interest to unselfishness, from race hatreds to world friendship, from Ypres where your brothers met the gas, and Etaples where your sister nurses were bombed, from the Lusitania with women and babies struggling in the black, icy

water, from these places of horror and madness and insane cruelty,—on to Geneva and to what, despite all difficulties and delays, must be the ultimate triumph of peace on earth, goodwill to men.

"Something," says Fosdick, "has been at work here!" Yes, the same something that moved you, whether you knew it or not, to give your lives to shield and heal those who have fallen under the grim onslaughts of disease, and to work toward a day wherein disease, like war, must be prevented.

* * *

Here then are the three forces with which we are empowered to conquer disease.

What realisation grows out of them?

This: that we must abandon all fatalism, all laissez-faire, all shoulder-shrugging, all inertia, and to realise that we *can* conquer disease, or the greater part of it at least, if we *want* to. We don't *have* to go on indefinitely, making the same old blunders and receiving the same old penalties of pain. Mankind in the mass is slow to realise that, but the achievements of preventive medicine and public health are placing signboards on every roadway of life and pointing the way at last to physical safety. Even the obstructionist is beginning to know that it is his own interests that he is hurting, and presently he may even realise that he belongs in the same category as the village idiot who went around hitting himself on the head with a hammer because it felt so good when he stopped!

* * *

What is our chief instrument against disease?

Education. *Real* education; not half-hearted teaching and superficial smatterings, but a vigorous, adequate, life-long process which will enable us to meet successfully the demands of natural law, the demands of human society, and the demands of those spiritual ideals which alone can make our physical life a thing of beauty and meaning and service.

Our present methods of health teaching are not adequate to meet the demands of biological law. Nature is not concerned with our theories or systems of education, and no curriculum that ignores her dictates can long endure.

Health teaching can not be entrusted to the inexpert or half-trained.* I feel that we are coming to a time when we must put the subject where it belongs: in the hands of a medically-trained person who will specialise in such work and who is able to carry it on with vigor and skill and efficiency.

Who is that person?

The public health school nurse of the future.

She will know her business, she will do the health teaching herself, and her work will result in a new and brilliant era of health conservation.

She will have a trained understanding of the many complex factors influencing health and disease. She will combine with her teaching the physical inspection which she is already performing so successfully in many schools, and she will extend her work from the school into the community (you can not separate them) and serve as a community health teacher of adult classes as well as in the school. She will serve the medical profession better than ever before, for she will act as an intermediary between the physician and the home and increase his power to serve the ideals of preventive medicine.

I ask you, therefore, to consider in your discussions the principle of the specific training of public health nurses for regular health-teaching duty in the schools. It is a plan that could be brought into immediate action in a few limited fields, for experiment and observation, and within a few years it could be extended over larger areas. I have the most earnest conviction that if you will try that experiment you will succeed, and you

(*See Survey Report, pp. 132 and 133.)

will thereby unite the power of our medical and educational institutions in bringing to pass at last an adequate educational programme of that knowledge of physiological and hygienic law which is demanded by Nature and by the safety and progress of our civilization.

I am very much in earnest about this. Although I am a scientist and intensely proud of the service that science has rendered to humanity, I must nevertheless confess that scientific knowledge alone can never shape life to a better form. The old copy-book phrase "Knowledge is power" is only a half-truth. Knowledge is only power when it is acted upon by the catalytic agent of a great ideal, its potential forces liberated, made kinetic, and harnessed into active service.

I in my bacteriological laboratory may make some small addition to science, but my fellow scientists and I are depending on the public health worker, the nurse, the doctor, and the educationist to translate into practical and effective *working* knowledge our discoveries in the field of human biology.

Yours is the greater task, and the harder one. We work in our laboratories, shielded from the world, supported in means and in spirit by our universities, and free to search out the truth.

But you must battle against social and economic and political difficulties, and the temper-trying resistance of the "fads and frills" type of obstructionist.

We work patiently, but you must have a different kind of patience.

We know when we arrive at truth, but you must convince the public and the legislator that it *is* the truth.

We must be the searchers.

But you, nurses of Canada, must be the teachers.

* * *

4. The Nurse as a Woman.

I have now done what you asked me to do. I am conscious of the faulty way in which I have performed the task assigned to me. I wish that I could have done better.

What I have to say in closing is difficult to write down on paper, though I have been asked to do that. Will you allow me to conclude my address by speaking very informally,—not as a scientist to a nurses association, but as a man to a group of women. So I will take off my lab. coat, and you will take off your cap, and we will be "off duty" for a while, and I will try to say what I think of the nurse, not in her professional capacity, but just as a woman.

It was John Knox who said that "every scholar is something added to the riches of the commonwealth." I feel that every nurse who is worthy of the highest traditions of her calling (and there are not many who are not) is something added to the riches of Canadian womanhood.

The relation between your personal qualities as a woman and your professional duties and experiences as a nurse is a reciprocal relation,—you give something that can not be measured, you receive something that can not be described. Could I record that measure or make that description, I might be able to pay you a tribute in some degree worthy of what you are and what you have done.

But the glory of your profession can never be put into words, and even if that were possible, it would be hard to give them utterance. For it is not easy to speak of the things that we hold dearest in our life and work. Those things are better kept in some quiet room of remembrance, some hidden garden of the spirit, than to be spoken of before crowds.

But somehow I can not leave them altogether unsaid tonight. No one has ever in spoken word or on printed page, paid an adequate tribute to the nurse. Perhaps the fact that we are so inarticulate *is* a tribute. Wordiness is never the best praise, and all eulogy so easily verges upon mere hyperbole and grandiloquence. I think I like

best the simple words on a bronze plate in memory of a nurse who died in the war: "She did her duty."

The faithful performance of duty, wherever it may lie, is forever the sterling mark of real manhood and womanhood. There is no duty worth doing that is not difficult. And you who spend your lives in the presence of pain, you who look daily upon broken bodies and sometimes upon broken hearts, you have the most difficult duty of all. The simple statement that you have done *that* duty is praise beyond all the panegyrics of writers or orators.

For it is a duty that tests the uttermost worth of a woman, in bodily strength, in intelligence, in resourcefulness and self-reliance, in rigid self-discipline and professional bearing, and—greatest test of all—in her philosophy of life and her spiritual stamina.

* * *

Why did you enter nursing?

The very fact that you have deliberately chosen it as a life work is itself some evidence of your qualities and ideals.

You knew, in part at least, what was ahead of you.

There were easier things to do,—work that would give you greater comfort, greater freedom, greater safety, happier surroundings, better pay. Why did you choose this?

It was never the choice of self-interested women, shallow women, time-wasting women. It appeals only to one sort of woman,—the woman who sees before her a duty and an opportunity for service that challenges her to match the best that is in her against the difficulties that face all who would bring in a better order of human life. That is a task that calls only to strong men and women,—there is no place in it for the coward or the shirker.

Matthew Arnold said, "There is a power within us, *not ourselves*, that makes for righteousness." No greater discernment of the dual nature of human personality was ever written into one sentence. Who turned your eyes toward the suffering of the world? Who moved you to lend your young strength to the weak? What hand came down and pointed you the way? And were there . . . nail-prints . . . on that hand?

* * *

What has been the effect of your nursing experience upon your philosophy of life?

Has it shown you the futility of life, or its glory?

You have looked upon the degradation of the flesh. But out of the welter of pain and physical wreckage have you not seen time and again the unconquerable spirit, the inviolable soul arise? You have looked upon tragedy, but on triumph too. You have seen the fool meet the rendered accounting of his folly, but you have seen too the saint smile in the face of Death. You have seen the coward sometimes, but the hero often, for there is no place on earth where one looks daily upon stark heroism as one does in a hospital.

You have seen the pitiful drama of little lives pass before your eyes, with their faint reflections of Bethlehem and their poor little Calvaries, and you knew that even with their faultiness and their limitations, they were trying somehow to follow Him—after their fashion.

And what wonderful men and women you knew among your working comrades! I remember a nurse whose life burned slowly out before our eyes. Her life was like a white candle burning before the altar of God. The candle burned down, but the light remains in the memory of all who knew her.

You too have seen lives that were so full of sweetness and strength and beauty that they seemed to bring sunlight and hope and the vision of what life at its best can be.

Did you look upon these things unmoved, unchanged?

I think not.

They say that the nurse needs a liberal education.

She has had it.

* * *

What is the hardest ordeal you have had to face, and what grows out of it?

(I do not want what I say here to be printed.)

* * *

And what is the reward of the nurse?

I saw one nurse meet with all the reward a real nurse could wish for. She was a splendid little soldier, that one. Clever as they make them, and utterly devoted to duty. A prim little thing, and oh! *very* professional. Absolutely imperturbable. She had read Osler's "Aequanimitas," and was bound she was going to live up to it.

There came a time when in an emergency she did a magnificent piece of work and did it under intense strain and difficulty, and with the greatest self-sacrifice. (I will not go into details.) We were all proud of her.

And the day after, when I was walking along the corridor with her, we met her doctor,—a man of few words, but the wisest and kindest and gentlest physician I ever knew,—and he stopped and laid his hand on her arm—I can still see his hand against her sleeve, a big brown hand with a big white scar on the back where a piece of shrapnel had gone through—and all he said to her was "Well done, daughter, well done!"

And the professional mask dropped and the tears came with a rush and the Oslerian aequanimitas blew clean up.

For words like that from a man like that are the best reward that a nurse like that can know.

* * *

So you have walked the pathway of a great experience, you have carried yourselves well, and you have purified and enriched your womanhood with deeper sympathies and a higher sense of values.

And you have done your duty.

But still greater work lies ahead. The care of the sick is your first duty, but it is *not* your greatest opportunity for service. You must help us to build a new world from which preventable disease will be banished. It is a huge task, but what has been done proves what can and will be done.

It can not be done unless your profession shapes itself toward new fields of service, strengthens its personnel, improves its methods and increases its powers, and kindles in its heart a passionate determination to bring human life — physical and spiritual—to a higher level than ever before.

You will have hard battles to face, but they will be no harder than those the founders of your profession fought and won. You who have shown such courage and devotion and such a spirit of progress in your work, you will fight and you will win.

For you will not fight alone. He who has walked unseen beside you down the long corridors of pain where the red lights burn above the doorways, He who has stood beside you in the sick-room and watched the tenderness of your ministry, He will be with you, even unto the end.

God bless you, brave gentlewomen, and give you strength and wisdom and courage for the duty which still lies before you, and when you have done that duty, and the days of your service are ended and the long shadows are falling, there shall come to you the Physician whose orders you carried out so faithfully, and He will lay His hand on your arm,—a scarred hand, too,—and say "Well done, daughter, well done."

The International Council of Nurses

A BRIEF HISTORICAL SKETCH

At the Annual Conference of the Matrons' Council of Great Britain and Ireland, 1899, Mrs. Bedford Fenwick proposed the formation of an International Council of Nurses. Speaking briefly on the "International Idea," Mrs. Fenwick said, in part:

"I desire to bring before this meeting a question which I believe to be of international interest and importance, and I am happy in knowing that it will be supported by a speaker whose eloquence has few equals, and, perhaps, no superiors. I will speak only from the point of view of the trained nurse; Mrs. May Wright Sewall will with greater force discuss the question from the wider point of view of its public usefulness. The nursing profession, above all things at present, requires organisation; nurses, above all other things at present, require to be united. The value of their work to the sick is acknowledged at the present day by the government of this and of all other civilised countries, but it depends upon nurses individually and collectively to make their work of the utmost possible usefulness to the sick, and this can only be accomplished if their education is based on such broad lines that the term 'a trained nurse' shall be equivalent to that of a person who has received such an efficient training, and has proved to be also so trustworthy, that the responsible duties which she must undertake may be performed to the utmost benefit of those entrusted to her charge. To secure these results, two things are essential: that there should be recognised systems of nursing education and of control over the nursing profession. The experience of the past has proved that these results can never be obtained by any profession unless it is united in its demands for the necessary reform, and by union alone can the necessary strength be obtained. This union has been commenced in this country and in the United States. It remains for the nurses of other lands to follow our example and unite amongst themselves; but I venture to contend that the work of nursing is one of humanity all the world over, and it is one, therefore, which appeals to women of every land without distinction of class or degree or nationality. If the poet's dream of the brotherhood of man is ever to be fulfilled, surely a sisterhood of nurses is an international idea, and one in which the women of all nations, therefore, could be asked and expected to join. The work in which nurses are engaged in other countries is precisely the same as that in our own. The principles of organisation would be the same in every country, the need for nursing progress is the same for every people, and my suggestion briefly is, therefore, that we should here and today inaugurate an International Council of Nurses, a body like the International Council of Women, composed of representatives of the nursing councils of every country, a body which shall in the first place help to build up nurses' councils in those countries which do not now possess any nursing organisation at all, which shall afford to those countries the information acquired in England and America in the progress and development of our work, aiding them with our experience, helping them to avoid the difficulties which we have met.

"I beg, therefore, to propose:

" 'That steps be taken to organise an International Council of Nurses!' "

Then a Provisional International Committee was formed to proceed with the necessary steps in putting into effect organisation of an International Council of Nurses. Countries represented on this committee were Great Britain, the United States, New Zealand, New South Wales, Victoria, Holland and Canada (Miss M. A. Snively and Miss Murray); also Mrs.

Gordon Norrie, Denmark, and Sister Henrietta of Cape Colony—at that time the Matrons' Council had no honorary member resident in these two latter countries.

In 1900, the Provisional Committee met in London, when a constitution was adopted and officers elected. Mrs. Fenwick was elected President, an office which she held until 1904, when she was made the Honorary President. Miss L. L. Dock (U.S.A.) became Honorary Secretary, and Miss M. A. Snively (Canada) Honorary Treasurer.

The first Congress of the Council was held in Buffalo, New York, in September, 1901, during the Pan-American Exposition. Following an address by Mrs. Fenwick on The Organisation and Registration of Trained Nurses, the delegates assembled expressed the opinion that:

Whereas the nursing of the sick is a matter closely affecting all classes of the community in every land;

Whereas to be efficient workers, nurses should be carefully educated in the important duties which are now allotted to them;

Whereas at the present time there is no generally accepted term or standard of training, nor system of education, nor examination for nurses in any country;

Whereas there is no method, exeept in South Africa, of enabling the public to discriminate easily between trained nurses and ignorant persons who assume that title; and

Whereas this is a fruitful source of injury to the sick and of discredit to the nursing profession:

It is the opinion of this International Congress of Nurses, in general meeting assembled, that it is the duty of the nursing profession of every country to work for suitable legislative enactment regulating the education of nurses and protecting of the interests of the public, by securing State examination and public registration, with the proper penalties for enforcing the same.

The first quinquennial meeting of the Council was held in Berlin (Germany) in 1904—at which time Miss Margaret Breay was elected Honorary Treasurer, an office which she held continuously until 1925. The next international gathering, an Interim Conference, took place in Paris, June, 1907, where, with the aid of Mlle. Chaptal, a most successful conference was held. The second quinquennial meeting was held in London in July, 1909, when for the first time in history nurses from fifteen countries met together. Canada was received into affiliation at this meeting, and during a visit to Windsor Castle and the Royal Domain, with royal consent, Miss M. A. Snively for the Canadian delegation placed a beautiful wreath at the foot of the exquisite marble tomb of the late Queen Victoria at Frogmore. Before leaving Windsor, a telegram was sent to the Lord Chamberlain, conveying the loyal gratitude of the Canadian National Association of Trained Nurses for the honourable privilege granted its members by His Majesty King Edward VII. A photograph of the wreath and a copy of the illuminated address to King Edward are treasured among the archives at the National Office at Winnipeg.

Cologne, Germany, was the meeting place for the third regular gathering of the Council, in 1912, with Sister Agnes Karll presiding. At this time there was unanimous agreement that the council should undertake to establish an appropriate memorial to Miss Florence Nightingale.

Plans for a meeting scheduled for 1915 in San Francisco were cancelled owing to disturbed conditions which were world wide. Decision was made to arrange for a meeting of the Council in Copenhagen in 1918, but this too had to be withdrawn. However, a number of members of the Executive Committee of the I.C.N. conferred together at Atlanta in April, 1920, and eventually, in 1922, a meeting of the Grand Council took place

in Copenhagen. Then, in 1925, a Congress was convened in Helsingfors and a Canadian delegation of over fifty nurses extended a cordial invitation for the next Congress to be held in Canada. However, the majority favoured an invitation from China. At an Interim Conference in July, 1927, when it was announced that the Nurses Association of China doubted being able to proceed with arrangements owing to the unsettled national conditions, the Canadian Nurses Association was privileged to extend an invitation for the Congress of 1929. Decision of place of meeting was left to the Board of Directors, who chose the city of Montreal.

The majority of Canadian nurses recall with pleasure the thrill of anticipation experienced as nurses throughout the Dominion undertook preparations for the C.N.A. to be hostess to the I.C.N., and now the nurses of France and Belgium are proceeding with their arrangements for the next Congress, which will be held in Paris, July 10th, 11th and 12th, and in Brussels the 14th and 15th, 1933.

At the Congress in Helsingfors, Miss Christiane Reimann was appointed full-time Secretary, and later International Headquarters were opened in Geneva. The I.C.N., which in 1908 had only three national organisations in affiliation, now has twenty-three, representing in January, 1931, a membership of about 160,000, one of the largest, if not the largest, professional organised international bodies in the world. Since January 1926, there has been published an international nursing journal, first called The I.C.N. and now The International Nursing Review.

(Reference: History of the International Council of Nurses, 1899-1925, by Mrs. Bedford Fenwick and Miss Margaret Breay.)

Nightingale Week

NOTE: Readers of this *Journal* are referred to *The British Journal of Nursing*, May, 1932. The reprint of an editorial in the same issue is published herewith. Miss Grace M. Fairley, Superintendent of Nurses, Vancouver General Hospital, Vancouver, B.C., and Chairman of the Nursing Education Section, Canadian Nurses Association, represented the President of the C.N.A. during Nightingale Week in London.

"The Executive Committee of the National Council of Nurses of Great Britain at its recent meeting on April 14th received a report of the negotiations between its three representatives, the President, Mrs. Bedford Fenwick, Miss A. Lloyd Still, and Miss E. M. Musson, which had resulted in harmonious agreement between the International Council of Nurses and the League of Red Cross Societies, who together had drafted The Florence Nightingale International Foundation Scheme, which it was hoped would meet with the approval of the National Organisations of Nurses and of Red Cross Societies. It is satisfactory to report that an explanatory letter, together with a copy of the Draft Scheme, has already been sent around the world from Headquarters at Geneva, signed by the International President, Mlle. Chaptal; Mrs. Bedford Fenwick, Chairman of the Florence Nightingale Memorial Committee of the I.C.N., and by the Secretary, Miss C. Reimann.

"Our Executive Committee decided to organise a 'Nightingale Week' from July 4th to 9th, and to invite as guests of our National Council the

officers of the I.C.N. and members of its Memorial Committee. These invitations have also been issued, and we very earnestly hope that we may have the pleasure of welcoming many international guests, so that they may consult with us on details of the practical organisation of the Florence Nightingale Foundation — without which interest and help we cannot hope for success.

"We are glad to report that Mlle. Chaptal, President of the International Council of Nurses, has accepted an invitation to be present.

"It is contemplated that the Florence Nightingale International Foundation should be an autonomous body constituted under English law, and governed by a Grand Council comprising five representatives of the League of Red Cross Societies, and two representatives of the National Florence Nightingale Memorial Committee of each participating country. The Grand Council will be responsible for the policy of the Foundation, and between its meetings will delegate its powers to a Committee of Management, elected by the Council. It is suggested that the Committee of Management should comprise three representatives of the International Council of Nurses, three representatives of the League of Red Cross Societies, two representatives of the National Council of Nurses of Great Britain, two representatives of the British Red Cross Society, one representative of Bedford College and one representative of the College of Nursing.

"The organisation of 'Nightingale Week' will be placed for early discussion on the Agenda of the Special Meeting of our Grand Council on May 28th, so we hope for many happy suggestions and offers of hospitality. So far the suggestions approved are a Conference on the Constitution of the Draft Scheme and to arouse personal interest in Nightingale cult, by the inauguration of the Foundation at St. Thomas's Hospital, to which is attached the Nightingale Training School for Nurses—where so many unique relics of Miss Nightingale are preserved.

"To attend the Ceremonies and Presentation of Certificates to International Students at Bedford College for Women.

"To visit the Students' Residential Home at 15 Manchester Square, which is so happily conducted.

"To visit our National Council Headquarters, where again a very valuable History Section contains many items of Nightingale interest.

"To see the educational work of the College of Nursing — which takes part in the International Students' curriculum.

"To visit the 'House Beautiful' of the Royal British Nurses' Association —the first organisation of trained nurses in the world.

"To pay a visit of homage to the grave of Miss Nightingale at East Wellow, and, by kind permission of Mr. J. J. Crosfield, to see Embley Park, that lovely home of Florence Nightingale's girlhood.

"And generally to entertain, instruct and interest our colleagues from near and far, in a personality of unique genius and greatness, whose association with nursing sheds such a glow of beneficence upon us—for which we can never be sufficiently grateful."

Interchange of Teachers throughout the Empire

By HELEN COWIE, M.A., Glebe Collegiate Institute, Ottawa, Ont.

Many of you are, no doubt, familiar with the work of the League of the Empire. Some of you may have enjoyed its hospitality at some time at 124 Belgrave Road, Westminster, and know that a part of its practical work is to promote co-operation between the different countries and colonies of the Empire, especially in affairs connected with education. It was by the League of the Empire that the scheme for the interchange of teachers and inspectors throughout the Empire was initiated in 1907 and has been carried on since. Exchanges were made spasmodically before the war, but since the war the movement has gathered fresh life and vigor. Since 1919 over 1,500 teachers have moved in exchange. The greatest number, of course, of these exchanges have been between the far away parts of the Empire and the Mother Country, the London County Council alone being willing to accept fifty teachers a year from abroad. The majority of the teachers have been elementary school teachers, some secondary and a few inspectors.

The movement has had its vicissitudes and has met many obstacles, the latter chiefly connected with the fear on the part of authorities of too great dislocation of their system; at the present time, however, the arrangements are considered very adequate and satisfactory to all concerned. They are as follows: Teachers receive what is tantamount to one year's leave of absence with pay —their rank and opportunities for promotion are supposed to be safeguarded during their absence. So, when the writer was in England, the salary was paid by the Board of the Ottawa Collegiate Institute, deduction for superannuation made, and Miss ——— from London acted, as it were, as substitute. Travelling expenses are borne entirely by the teachers exchanging. As a rule a period of six months is required to examine qualifications, locate teachers and complete the arrangements. The scheme has ceased to be regarded as experimental and by virtue of its own success is now a definite contribution to Imperial education. Certainly teachers return satisfied with their experiences, some enthusiastic, and one does not hear much complaint from the authorities that schools suffer from the presence of an exchange teacher.

Of the advantage and the gain to the teachers professionally, there can be no doubt. Their interchange provides opportunity for teaching under totally different systems from their own for handling a very different type of child and living under other conditions and surroundings. For teachers visiting Britain, many educational advantages are offered and programmes are arranged to interesting and historic places. Each year a certain number of overseas teachers are invited to the Royal Garden Parties at Buckingham Palace and on special state occasions are granted privileges. Obviously then, one of the features of the exchange must be the enlargement of personal opportunity and experience, not to mention the gain of the mental stimulus from the freshness and novelty of a new adventure. The scheme involves hard and unselfish work on the part of several enthusiastic people in London and elsewhere, whose only reward lies in the hope that thus the interests of Empire may be served, that there may result a spreading of the knowledge and ideals of all parts of the Empire, a breaking down of those factors which lead to disunity, namely, a distrust of others arising out of ignorance of their mental outlook, a strengthening of these bonds so

(A paper read at the Nursing Education Section, Registered Nurses Association of Ontario Annual Meeting, March 31, April 1, 2, 1932.)

fragile and yet potentially so strong, which bind the vast Empire together. This places somewhat of a responsibility on those who have benefitted by the scheme. The hope is expressed that in some faint way they are doing their bit.

While the advantages are predominantly great, no scheme could be so perfect as to have *no* disadvantages and one great disadvantage is connected with the commodity our spirit would fain despise and cannot —"money." Now, remuneration for the service of teaching is not by any means uniform in all parts of the Empire nor is the cost of living and one gains or loses financially accordingly. For instance, this year Scottish and English teachers on exchange in Canada must have suffered somewhat from the depreciation of the pound, while Canadians in England are probably able to have an almost luxurious time as a result of the superior value of the dollar. The fact that in crowded European cities one may be called upon to meet social and industrial conditions of a nature depressing beyond anything to be encountered in a newer country and that consequently one's work may lie in uncongenial and unfamiliar surroundings constitutes to certain types of mind, a source of personal unhappiness and discomfort. But, then, one must certainly postulate that only those of some adaptability and flexibility of mind attempt to exchange; an open, tolerant and sympathetic mind must be a sheer necessity if the exchange is to be a success.

After having spent a year as an exchange teacher in a secondary school in London, the writer cannot think of any disadvantages suffered; on the contrary, the year was so full of pleasure and profit and of rich professional contact, that it must always be regarded as a year of exceeding great privilege and opportunity.

Canadian Public Health Association

By BERTHA E. JOHNSON, Department of Health for Ontario

The annual meetings of the Canadian Public Health Association and the Ontario Health Officers' Association were held jointly at the Royal York Hotel, May 25-27, when the former celebrated its "coming of age".

The programme was arranged to permit of the sectional meetings being held in the morning, and the general meetings in the afternoon. The opening meeting on Wednesday morning, under the auspices of the Ontario Health Officers' Association, dealt with technical matters, of interest to the Health Officers. In the afternoon, Dr. Louis I. Dublin, President, American Public Health Association, presented an address on "Public Health and the Economic Depression". He drew attention to the fact that health budgets were being drastically cut, and as a result of a survey he had found that Public Health Nursing and Child Hygiene were two that were being sacrificed. In his opinion, this was unwise. The tuberculosis budget was not cut, because the workers, through their educational efforts, had awakened the public conscience to the need of that activity. He advised those charged with administering reduced budgets to follow a policy of careful planning, considering first the health needs of their people.

Dr. C. M. Hincks discussed the growth of the Mental Hygiene movement, emphasizing the improvement in the care of the insane and the increased interest in the prevention of mental illness that had taken place in twenty years. He stressed the importance of preparation of all health workers along mental hygiene lines.

In his paper on "Maternal Mortality" Dr. Van Wyck brought out the need for better training in obstetrics for medical students and an increased conservativeness on the part of the physician.

Miss Laura Gamble, formerly director of Cattanaugus County Health Demonstration, presented a picture of generalised Public Health Nursing and its possibilities in bringing the services of the organisation the nurse represented, to the people, as well as interpreting to them the policies of her department. The point was made that bedside care was

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frequently the best means of gaining the confidence of a rural community.

In discussing heart disease in adult life, Dr. John A. Oille stated recent research had shown that rheumatic fever has a mild degree of infectivity, but only in children under fifteen years does rheumatic fever affect the heart.

At the dinner tendered by the Province of Ontario and the City of Toronto, His Worship Mayor Stewart welcomed the Associations to Toronto. The guest speaker of the evening was Hon. Dr. R. J. Manion, who was introduced by Hon. Dr. J. M. Robb, Minister of Health.

The meeting of most interest to the readers of The Canadian Nurse was the Public Health Nursing Section. The Chairman, Miss Nora Moore, of Toronto Department of Health, presided.

Miss M. L. Moag gave a comprehensive review of the chapter on Public Health Nursing in Dr. Weir's "Survey of Nursing Education in Canada".

Under the caption of "How the Psychiatrist looks at Public Health Nursing," Dr. W. T. B. Mitchell, Director, Mental Hygiene Institute, Montreal, pointed out the strong and weak points of the Public Health Nurse in her approach to family and individual problems.

Public Health Nursing was next viewed by a private physician, Dr. A. M. Jeffrey, who, at one time, was on the staff of a city health department. In his constructive criticism Dr. Jeffrey considered a situation where a staff of public health nurses served the community, and their group psychology was contrasted with the individualistic point of view of the private physician. He suggested that this was the basis of much misunderstanding between two workers who should have similar objectives. It was his opinion that the nurse sometimes, in her enthusiasm, exceeded her limitations, but the physician also failed at times to recognise her motive in so doing.

Mrs. Plumptre assumed the role of a private citizen and ratepayer, in "Looking at Public Health Nursing". She asked for a definition of Public Health Nursing, and urged upon the group that they interpret their activities to the public more persistently and more definitely. The man on the street is concerned with the cost of all municipal undertakings, and Mrs. Plumptre emphasized the importance of showing the cost of sickness as contrasted with the expenditure for the promotion of health.

"How the Public Health Nurse Looks at Herself" was the part of the symposium dealt with by Miss B. E. Harris, of Oshawa, Ont., who pointed out that while the work of the Public Health Nurse was arduous, it brought as its reward the satisfaction of service to mankind.

The officers of the Public Health Section, Canadian Public Health Association, elected for the following year are: Chairman, Miss H. Dykeman, Director of Public Health Nursing, New Brunswick Department of Health, Saint John; Vice-Chairman, Miss Edith Fenton, Director, Dalhousie University Clinic, Halifax, N.S.; Secretary, Miss Mona Wilson, Director, Public Health Nursing, Prince Edward Island Department of Health, Charlottetown.

The meeting which brought the convention to a close was addressed by Dr. F. W. Jackson, Deputy Minister of Health and Public Welfare, Manitoba, who read a paper on Tuberculosis prepared by Dr. David A. Stewart, who was unable to be present. This paper described the facilities for the control and prevention of tuberculosis in that province. A Travelling Clinic serves the province remarkably well, bringing examination and diagnosis within reach of all. To a considerable extent this service is financed by the Christmas Seal sale funds.

Dr. Haven Emerson, Columbia University, spoke on the vital subject of "Public Health and Public Welfare". In his clear, concise manner he presented the subject on the basis of fixing the responsibility for the health and the welfare of any people on those prepared by education and experience, rightfully to assume it. In the care of the sick the hospitals must be under medical jurisdiction, and in the realm of disease control and prevention the same authority should be recognised, while in the sphere of social mal-adjustment, the diagnosis should be made and treatment prescribed by those competent in that field—the professional social worker.

The officers for the coming year are: Honorary President, Dr. G. I. Taylor, Minister of Health, New Brunswick; President, Dr. Wm. Warwick, Deputy Minister of Health, New Brunswick; Vice-President, Dr. Alphonse Lessard, Quebec, Dr. M. R. Bow, Edmonton, Dr. F. W. Jackson, Winnipeg; General Secretary, Dr. J. T. Phair, Toronto; Treasurer, Dr. C. P. Fenwick, Toronto.

Many of the papers presented will be published in the coming numbers of the Canadian Public Health Journal.—B.E.J.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated 1918)

An Examination for title and certificate of Registered Nurse of British Columbia will be held September 14th, 15th and 16th, 1932.

Names of candidates for this Examination must be in the office of the Registrar not later than August 13th, 1932.

Full particulars may be obtained from:
HELEN RANDAL, R.N., Registrar, 516 Vancouver Block, Vancouver, B.C.

News Notes

ALBERTA

LAMONT: Mr. and Mrs. William Turnbull were tendered a reception and shower at the home of the Misses Tedford, at Edmonton, on Friday, June 10th. Many friends from in and out of town were present. The bride and groom were the recipients of many beautiful and useful gifts, expressing the kindly wishes and high esteem of their numerous friends. Mrs. Turnbull (Mina Phillips, Lamont General Hospital, 1929) has been doing remarkable work in the community in which she has been serving as Provincial District Nurse, in organising sewing circles and relief work, as well as song services and other endeavours to aid the people to maintain their morale while passing through such very trying times. In this she has the wholehearted sympathy and co-operation of her husband. Upon their return to Winfield they will resume their social work in the West country, where the heavy hail-storms of last year have caused such distress. They take with them the well wishes and prayers of a host of friends.

BRITISH COLUMBIA

GENERAL HOSPITAL, VANCOUVER: The regular monthly meeting of the Alumnae Association was held in the Auditorium when members were privileged to bring a friend. The speaker of the evening was Mrs. Laura Jamieson, who gave the last of a series of talks on present-day conditions in other countries. One hundred dollars a month donation from the Alumnae to the Hospital was decided on to assist with the unemployment situation among the graduates and to provide special attention for the sick indigent patients who are seriously ill. The nurses have arranged to hold a series of private parties to raise money for this fund. These affairs are proving most enjoyable in furthering the social side of the Alumnae activities as well as the financial. New plans are on foot to organise a shopping project whereby a discount will be given by numerous Vancouver shops to purchasers among the members and this discount payable to the Relief Fund. A very active President and Committee are striving hard to help meet the need of the Alumnae members less fortunate.

Meetings will not be held throughout the summer months.

Alumnae members learned with regret of the death of Mrs. Harold Findlay, formerly Florence Shindler (1919). Previous to her marriage, she had been assistant matron at the Infants Hospital and charge nurse on the Children's Ward, Vancouver General Hospital. Mrs. Findlay was awarded the Dr. Covernton Scholarship in Pediatric Nursing in 1919.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario, in July, 1932, were 959. Fourteen less than in June, 1932.

APPOINTMENTS

Miss Helen Miller, of the Victorian Order of Nurses of Canada, has been transferred from Sudbury to the staff at Woodstock, Ont.

Miss Eudora Watson (Toronto General Hospital, 1923), formerly in charge of the Red Cross Hospital at New Liskeard, has been transferred to Dryden, Ont.

Winnifred Griffin (Toronto General Hospital, 1925) has accepted a position in the office of the Central Registry, Toronto.

DISTRICT 1

The regular meeting of R.N.A.O. District Number One was held Saturday, May 28th, at the Town Hall, Strathroy, with Miss Priscilla Campbell, Chairman, presiding. Interesting reports from the annual meeting in Ottawa were given. The membership of R.N.A.O. in District Number One has increased to about 275 members (1931 membership was 200). Very interesting and instructive lectures were given in Thyroid Surgery and Eugenics by Dr. F. G. McFadden and Dr. McDougall respectively. Miss Mary Malloch, of London, was chosen as delegate to the Canadian Nurses Association meeting in Saint John. Following the adjournment refreshments were served by the courtesy of Strathroy Nurses' Alumnae, after which many visited the Strathroy General Hospital. The next regular meeting will be held in London, September 24th. A refresher course in Prenatal work has been arranged for September 22nd and 23rd at the Public Health Institute.

PUBLIC GENERAL HOSPITAL, CHATHAM: The graduation exercises proved a very attractive feature this year on the lawn of the Nurses' Residence, followed by a reception, tea and dance. The staff of the Hospital enjoyed their annual picnic on June 28th at Erie Beach.

At the June meeting of Chatham General Hospital Alumnae Association, Miss Winnifred Weir, who had acted as delegate to the meeting of District 1, held in Strathroy on May 28th, presented a very interesting report of the meeting.

DISTRICT 2

A meeting of District No. 2 was held in the Owen Sound General and Marine Hospital on June 15th with about fifty nurses in attendance. A hearty welcome was extended the visitors by Mrs. D. J. McMillan, President of the Owen Sound Alumnae. The main feature of the meeting was the very complete report of the Provincial meeting in Ottawa, which was given by Miss S. M. Jamieson of Brampton. Mrs. Waugh and Miss Harley gave a very enjoyable musical programme, after which supper was served. The autumn meeting will be held in Woodstock.

OWEN SOUND: The graduation exercises of the Owen Sound General and Marine Hospital were held May 31st in the City Hall, eleven nurses graduating. Mr. J. McLinden, president of the Board of Trustees of the Hospital, presided at the ceremonies. A much-appreciated address was given by Dr. H. Holmes, following which was the address to the graduating class by Rev. Elmer Kenny. The Florence Nightingale pledge was taken, led by Rev. E. W. Jewitt. Diplomas were presented to the nurses by Miss B. Hall, superintendent of the hospital, and Dr. G. H. Murray presented the pins. Miss Mae Simpson won the prize for general proficiency. Miss Marjorie Cruickshank won the prize for operating room technique, and Miss Margaret McKinley the prize for obstetrical nursing. A reception and dance for the nurses and their friends followed at the close of the Exercises.

Deepest sympathy is extended to Miss E. Webster, of Owen Sound, in the loss of her sister.

SIMCOE: Miss Marjorie Buck, superintendent, Norfolk County Hospital, and Miss Ann Lang, attended the C.N.A. convention in Saint John, N.B.

GENERAL HOSPITAL, BRANTFORD: The annual meeting of the Alumnae Association was held in the Nurses' Residence, Tuesday, June 7, 1932. Miss A. Hardisty presided, and after the routine business was disposed of, the election of officers for 1932-193, took place. The 1932 Graduating Class was present and a social hour was enjoyed at the close of the meeting. The officers elected are as follows: Honorary President, Miss E. M. McKee; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss H. D. Muir; Assistant Secretary, Miss V. Buckwell; Treasurer, Miss L. Gillespie; Social Convener, Mrs. D. A. Morrison; Flower Committee, Miss F. Stewart and Mrs. E. Claridge; Gift Committee, Miss W. Laird and Mrs. G. Andrews; The Canadian Nurse and Press Representative, Miss D. Arnold; Chairman Private Duty Council, Miss E. M. Jones; Representative to Local Council of Women, Mrs. R. Hamilton.

Miss E. M. McKee, superintendent, Brantford General Hospital, and Miss Grace Turnbull, Ontario School for the Blind, Brantford, motored to the C.N.A. meeting in Saint John. Miss Mary Meggitt (1929) is on an extended trip through the Canadian West and down the Pacific Coast to Los Angeles, California. Mrs. Claridge (1931) is supervising in the Brantford General Hospital during the illness of Miss Theresa Dawson. Miss Beatrice MacDonald (1930) is relieving Miss Gladys Westbrook during July and August. Miss Florence Westbrook (1922), of the University Hospital, Ann Arbor, Michigan, is spending her vacation in Brantford. Miss Colvin, Crile Clinic, Cleveland, Miss E. Bunn, Ulswater, Ont., Miss Valentine, Lakewood Hospital, Lakewood, Ohio, Miss G. VanEvery, Princeton, Miss G. Westbrook and Miss A. Hardisty of Brantford, had a happy reunion at the home of Mrs. A. A. Mathews, 1923 class.

Miss S. A. Livett is spending her vacation in Galt. Miss Florence Stewart, night supervisor, is spending the month of July at Lake Scugog, Kawartha Lake District. Miss C. E. Jackson, Director of Nurse Education, is holidaying at St. Margaret, Laurentian Mountains. Miss Helen Murison, dietitian, is spending her vacation at Lake Scugog. Miss Jessie M. Wilson, assistant superintendent, is visiting Mrs. J. MacDonald (Ethel Collyer, 1922), Marion, Indiana. Dr. and Mrs. D. A. Morrison (Carmen McMaster, 1914) sailed recently for the British Isles.

WOODSTOCK: The annual meeting of the Nurses' Alumnae Association was held June 6th in the Nurses' Residence. Reports by the secretary and treasurer were read and approved. It was decided that a temporary reduction be made in nurses' fees, effective after July 1st. Officers were elected for the following year: Honorary Presidents, Miss F. Sharpe and Miss H. Potts, superintendent; President, Miss G. Jefferson; Vice-President, Miss M. Costello; Secretary, Miss L. Jackson; Assistant Secretary, Miss J. Kelly; Treasurer, Miss E. Eby; Press Correspondent and Representative to The Canadian Nurse, Miss D. Craig; Programme Convener, Miss H. Cook; Social Convener, Miss E. Hastings; Convener of Flower and Gift Committee, Miss E. Richard. Miss M. Davison gave a most interesting report of the R.N.A.O. convention held in Ottawa. Tea was served and a social half-hour closed the meeting.

The Alumnae Association entertained the graduating class at an informal dance held June 10th. The guests were received by Miss H. Potts, superintendent, Mrs. Shaw, president of Women's Hospital Auxiliary, and Mrs. Shedden, member of the Alumnae.

On June 24th the members of the Alumnae Association and their friends held a most enjoyable picnic at Southside Park.

Miss Helen Potts, superintendent, Woodstock General Hospital, attended the C.N.A. convention held at Saint John, N.B.

Miss Hazel Dennis is relieving Miss Eby, Public Health Nurse, during the month of July.

DISTRICT 4

The regular quarterly meeting of District No. 4, Registered Nurses Association of Ontario, was held at the Refectory in Niagara Falls on Saturday afternoon, June 18, 1932, Miss A. Wright presiding. At the annual meeting in Ottawa, it was decided to carry on with the Permanent Education Fund even if some sections could not make complete returns in five years, so Miss McIntosh, as convener, asked for a personal canvass in an endeavour to make allocation for District 4. Dr. Weir's report was discussed in brief papers by Miss E. Chisholm on Nursing Education; Miss E. Moran, Private Duty; and Miss A. Boyd, Public Health.

As the guests of the Nurses' Alumnae of Niagara Falls everyone enjoyed a picnic supper in the park and a delightful drive along the Niagara River.

HAMILTON: The forty-second graduation exercises of the Hamilton General Hospital School of Nursing were held on June 2nd in the Hospital Grounds. R. G. Wells, chairman of the Board of Governors, presided, and the address to the graduating class was given by Dr. J. K. McGregor, Chief of Staff. The programme was opened with the invocation, pronounced by Rev. W. E. White, and followed by the Florence Nightingale pledge, administered by Miss E. C. Rayside, Superintendent of Nurses. The Minister of Welfare, the Hon. H. W. Martin, was the guest speaker, and the large crowd gathered was charmed by his appealing and eloquent address. The graduating nurses were the guests of honour at a dance during the evening at the Nurses' Residence.

The following nurses have successfully completed the Public Health Course at the University of Toronto: Christine Livingston, Eva Bennett, Emily Dickie and Jennie Hoogendyke.

DISTRICT 5

A general meeting of District 5, R.N.A.O., was held at the Royal York Hotel, Toronto, on May 21, 1932. The afternoon session, beginning at four o'clock, discussed regular business, and Miss Beamish, Chairman, as representative of the district to the annual meeting of the R.N.A.O. held at Ottawa, presented a report of the sessions and social functions. In the absence of Miss Greenwood, Miss Mable Sharpe presented the report of the Permanent Education Fund. As the district had not met its objective for 1931, the committee asked for suggestions for raising the money. A motion was made "that a larger committee be formed and a system of canvassing be organised in order to reach each member personally in an appeal for funds".

Miss Millman, President of the R.N.A.O., stated reasons and advisability for organising section groups within the district, which plan had been under discussion for some time. Miss Edge, of the Private Duty Section, addressed the meeting, and Miss Isabel MacIntosh, of Hamilton, presented an abstract on the Private Duty Chapter of the Survey Report.

Miss Edna Moore, who has returned to Toronto from New York, as Director of Public Health Nursing for the Province of Ontario, read her paper dealing with the Public Health Chapter of the Survey Report, which had been received with so much interest in Ottawa. At the close of this session the Public Health members, under the chairmanship of Miss Vera Allen, V.O.N., elected their officers as an organised group. A dinner meeting was held in the roof garden at seven-thirty, when about 120 members were present. The speakers were Miss Jean Browne and Dr. E. M. Best, of the Y.M.C.A. Miss Browne outlined briefly Dr. Weir's report on the Survey. Dr. Best spoke of the qualifications of the individual that society was looking for today. Professional Education was essentially the spirit of the evening. Votes of thanks were extended to each speaker, and the members felt they had spent a profitable as well as pleasant half-day.

GENERAL HOSPITAL, TORONTO: Miss Ella Ratz (1921), who has been for two years in California, is at her home in Toronto. Miss Helen Silvers and Miss Jean Connell (1928), who have spent the past two years in Bermuda, have returned home. Miss Beatrice Foex (1931) has been awarded the Crowe Scholarship for further University study. Miss Foex will enroll in the Hospital Administration Course at the University of Toronto this fall. Miss Mae Caudwell (1927), who studied at the University of Toronto last year, has rejoined the staff of the Toronto General Hospital for the summer in charge of the Burnside obstetrical department. Misses Gunn, K. Russell, Jean Browne and Nettie Fidler attended the C.N.A. meeting at Saint John. Miss Rae Shipman (1922), who is engaged with Victorian Order of Nurses in Edmonton, spent two months among friends at her home in Ottawa and at Toronto. Miss Catherine McGibbon (1908), who has been ill for some time, has left to visit her brother in California.

WOMEN'S COLLEGE HOSPITAL, TORONTO: Miss Dorothy Bradford, a graduate of St. John's Hospital, Toronto, who is working in an Anglican Mission Hospital in Aklavik, addressed the Alumnae spring meeting. Miss Bradford gave a very vivid life picture of life amongst the Indian and Eskimo.

The graduation exercises of the School of Nursing were held at the Roof Garden of the Royal York Hotel on May 31st. Rev. Dr. Slatter read the prayers before Miss Meiklejohn, superintendent, gave her very interesting report. The speaker of the evening, Mrs. Kirkwood, took as her subject that most appropriate topic, "Careers for Women".

Dr. Stewart gave a kindly message from the medical staff; this is always so much appreciated. Mrs. Plumptre spoke in glowing terms of the Superintendent's splendid service overseas, and in her gracious manner presented pins and diplomas to those graduating. The prizes were presented by Mrs. Hamilton, Mrs. Thompson and Miss Henry. A reception was then held for the class and their friends.

On the evening of June 3rd, the Alumnae Association gave the annual banquet for the graduating class at the Royal York Hotel. The dinner speeches left nothing to be desired. Miss Henry, President, as toastmistress, introduced each speaker with a clever little speech. Miss Meiklejohn's reply to Alma Mater was a fresh inspiration, another ideal to fight for so that the profession may ever carry the brightest light. The guest speaker, Mrs. Cosgrave, gave a brilliant address on "Loyalty," and the toast

to "Absent Members" brought forth very proud and happy memories of those of the School who are working in every country of Christendom. The class history and prophecies, also the musical selections, proved most enjoyable, and all too soon came "Auld Lang Syne" till 1933.

General and Marine Hospital, Collingwood: The Alumnae officers for the year are: Honorary President, Mrs. Price; President, Miss K. Hanley; First Vice-President, Miss L. Ludlow; Second Vice-President, Miss B. McQueen; Secretary, Miss F. Pearen; Treasurer, Mrs. J. McAllister; Social Committee, Mrs. F. Watts, Misses Robinson and Cooper. Meeting will be held the last Friday of each month at 3 p.m. in the Board Room of the Collingwood General and Marine Hospital.

District 6

A meeting of Chapter 3, District 6, Registered Nurses Association of Ontario, was held in Ross Memorial Hospital on June 3rd. The meeting was called to order by the chairman, Miss Dixon, who gave a short talk on the R.N.A.O. Members of the medical profession, by their presence, honoured Dr. G. Stewart Cameron, who, as the speaker of the evening and Chairman of the Joint Study Committee, gave a profound address on the Report of the Survey of Nursing Education in Canada. A hearty vote of thanks was given to Dr. Cameron by Mr. T. H. Stinson, K.C., M.P. Refreshments were served by Miss Reid and her assistants at the close of the meeting.

District 8

Civic Hospital, Ottawa: Miss Jean Forbes and Miss Ida McDowell (1931), who were among those receiving certificates for Public Health Nursing from the School for Graduate Nurses, McGill University, have accepted positions for the summer with the Victorian Order of Nurses, Montreal.

The Graduating Class of the Ottawa Civic Hospital School of Nursing was entertained at dinner on Monday, May 30th, in the Chateau Laurier by the Alumnae Association. The decorations were effectively carried out in the school colours of purple and gold, and as a souvenir of the occasion each guest was presented with a gold pencil. Miss E. Pepper, president of the Alumnae, presided, and Miss Jessie Muir, the guest speaker of the evening, gave an interesting talk, taking as her subject, "Here and There Abroad". Miss G. Bennett spoke words of greeting to the guests and members of the Alumnae.

Part of the programme consisted of the following toasts: "The Doctors," by Miss Gertrude Maloney; "Our Guests," by Miss Edna Osborne, and responded to by Miss Dorothy Dent; "The Absent Members," by Miss M. Lamb, responded to by singing of "There's a Long, Long Trail"; "The Staff," by Miss Mary Graham, responded to by Miss Marion May. The class prophecy, read by Miss Maymie Downey, was greatly appreciated by all present.

An enjoyable musical programme was provided.

Prior to graduation the class was entertained at a social evening given by the Alumnae in the Nurses' Residence on Friday, May 20th, and to a theatre and supper party tendered by the Intermediate class of the School on May 27th.

Fifty-six nurses received their diplomas and medals on June 1st, 1932. Following the Graduation Exercises, which took place at three o'clock, a delightful garden party was held on the Hospital grounds.

QUEBEC

General Hospital, Montreal: Graduates of M.G.H. who attended the C.N.A. general meeting in Saint John, and were all present at a dinner at the Admiral Beatty Hotel on the evening before their departure for their respective homes, were as follows: Misses Jennie Webster, Mabel Holt, Frances Upton, Beatrice Hadrill, Christena Watling, Agnes Jamieson, Eleanor Hancock, Madeline Taylor, Delia I. Mignot, Mrs. Eva M. Bertrand and Mrs. Stuart Ramsey, of Montreal; Misses Gertrude Bennett, A. Grace Tanner, Hattie P. Tanner, of Ottawa; Miss Nell Tuck, Newfoundland; Miss Marion Boa, New Glasgow; Elsie Tulloch, Woodstock; Misses Alice M. Brewster, Alice B. Wilson, Mrs. J. N. Barry (nee Clark), Mrs. A. S. Kirkland (nee Roy), Mrs. Walter (nee Babbitt), Mrs. John Gale (nee DeCon), Mrs. L. C. Rudolph (nee Journeay), of Saint John; Miss Mary V. Lovering, Toronto; Miss Margaret Taylor, Sweetsburg, Que.; and Miss S. A. McGrand, Welsford, New Brunswick.

Sherbrooke: The last meeting for the season 1931-1932, of the Eastern Townships Graduate Nurses Association, took place in the McKinnon Memorial Building and was well attended. An interesting feature was four papers read on the Survey Report, following which the usual business was transacted. The meeting closed after serving refreshments.

Miss Helen Buck, Superintendent, Sherbrooke Hospital, attended the convention of the Canadian Nurses Association in Saint John.

Women's General Hospital, Westmount: The members of the Graduating Class of 1932 were the guests of the Alumnae Association at dinner on the evening of June 13th at the Queen's Hotel, Montreal. The Graduation Exercises were held in the Hospital on the afternoon of June 15th. Dr. Ridley Mackenzie presided. The invocation was pronounced by Rev. Dr. H. L. Fisher. Dr. A. O. Freedman addressed the graduates. A reception was afterwards held in the Nurses Home. The medals and diplomas were presented by Dr. H. L. Reddy, Medical Superintendent.

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SASKATCHEWAN

GENERAL HOSPITAL, MOOSE JAW: At the annual meeting of the Alumnae held at the Nurses' Residence, Moose Jaw General Hospital, May 31st, 1932, the following officers were elected: Honorary President, Mrs. M. A. Young; President, Miss O. Finlay; First Vice-President, Miss E. M. Heglin; Second Vice-President, Mrs. N. Buckley; Recording Secretary, Miss P. Grigg; Corresponding Secretary and Treasurer, Miss B. McQuarrie; Visiting Conveners, Mrs. C. Stansfield and Miss E. Carter; Social Conveners, Mrs. J. Droppo and Mrs. W. Hinchey; Private Duty Convener, Mrs. M. Fitzgerald; The Canadian Nurse Representative, Miss A. Cheavins. Miss L. Carter was in charge of the meeting. Miss Cheavins gave a report on the activities of the past year, and the treasurer, Miss Windsor, presented the financial report, showing a substantial balance.

VICTORIAN ORDER OF NURSES

Miss Elizabeth Smellie attended some of the sessions of the Annual Meeting, Canadian Medical Association, while in Toronto in June, on her way west on a short tour of the Western Branches of the Order.

Miss Cryderman, Central Supervisor, Miss Dawson, Maritime Supervisor, Miss Dorothy Percy, Central Office and Chairman of District 8, R.N.A.O., attended the meeting of the C.N.A. Miss Moag and Miss Marion Nash of Montreal Branch were also present and took part in section programmes.

TORONTO BRANCH: The annual staff picnic was held at Centre Island on June 14th, when thirty-four staff nurses and eight student guests enjoyed the plentiful and delicious "eats" and spent a jolly evening. This picnic is arranged each year before the students from the Department of Public Health Nursing, University of Toronto, complete their field work. Each ferry after five-thirty brings its group of nurses till all are assembled round the table by seven o'clock. After tea this year many groups walked round the shore to Hanlon's Point and took the ferry from there.

Mrs. John Godfrey, Convener of the Advisory Nursing Committee, entertained the staff at a delightful tea at her beautiful summer home at Port Credit on June 22nd.

Miss Edith Campbell, Superintendent of Toronto Branch, and Miss Vera Allen attended the meeting of the C.N.A. in Saint John, and enjoyed the picnic on the river arranged by Miss Ada Burns of the Saint John Branch, and the breakfast at which twenty-four V.O.N.'s were present.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BROWN—Recently, to Mr. and Mrs. W. Brown (Margaret Guy, Owen Sound General and Marine Hospital, 1921), a daughter.

HAMMOND—On June 3, 1932, at Toronto, to Mr. and Mrs. Hammond (Norah Gordon, Toronto General Hospital, 1926), a daughter.

JOHNSON—Recently at Vancouver, to Mr. and Mrs. Robert Johnson (Marjorie Kelly, Vancouver General Hospital, 1931), a daughter.

KING—On June 9, 1932, to Dr. and Mrs. Joseph King (Vera Vance), a son.

MOLLETT—Recently, to Mr. and Mrs. C. Mollett (Doris Hearn, Owen Sound General and Marine Hospital, 1924), a daughter.

McCALLUM—Recently, at Vancouver, to Mr. and Mrs. A. McCallum (Ruth Mitchell, Vancouver General Hospital), a daughter.

SAWYER—In June, 1932, at Peterborough, Ont., to Mr. and Mrs. Thomas Sawyer (Gladys Lewis, Hamilton General Hospital, 1927), a daughter.

SMALE—On June 23, 1932, at Toronto, to Mr. and Mrs. Fred Smale (Margaret Service, Toronto General Hospital, 1927), a son.

STEWART—On June 2, 1932, to Mr. and Mrs. Maynard Stewart (Alma Muriel McKnight), of Britannia Beach, B.C., a daughter.

WHITE—On June 6, 1932, at Chatham Ont., to Dr. and Mrs. C. C. White (Inez Roach), a son.

WILLS—Recently, at Mount Hamilton Hospital, to Mr. and Mrs. Wills (Thelma Ronson, Hamilton General Hospital, 1927), a son.

WILSON—Recently, at Vancouver, to Mr. and Mrs. William Wilson (Norah Rodden, Vancouver General Hospital, 1919), a daughter.

MARRIAGES

ALLEN—GREENWAY—On June 16, 1932, at Ottawa, Ont., Marjorie Greenway (Ottawa Civic Hospital, 1928) to John S. Allen, of Osgoode, Ont.

DUGGAN—KELLEY—In June, at Guelph, Ont., Anne Kelley (St. Joseph's Hospital, 1929) to Victor Duggan, of Toronto, Ont.

FARNELL—LA FONTAINE—On June 4, 1932, at Vancouver, B.C., Evelyn Elizabeth La Fontaine (Vancouver General Hospital, 1931) to William Ralph Farnell, of Vancouver, B.C.

GORE—MILNER—Recently, at Vancouver, B.C., Viola Milner (Vancouver General Hospital, 1928) to Mr. Gore.

GRANGER—HUMPHREYS—Recently, at Vancouver, B.C., Annie Dorothy Humphreys (Vancouver General Hospital, 1920) to Ernest Granger, of London.

HOELSCHER—WARD—On June 29, 1932, at Kitchener, Ont., Mary Elizabeth Hamilton Ward to John Martin Hoelscher.

MONTGOMERY—GOSNELL — On April 30, 1932, Muriel Gosnell (Chatham General Hospital, 1927) to John Montgomery.

MORGAN—JONES — Recently, at Vancouver, B.C., Ruth Jones (Vancouver General Hospital, 1930) to Cyril Morgan.

McCANNELL—DENNIS — On June 20, 1932, at Guelph, Ont., Edema Dennis (Guelph General Hospital, 1929) to Elmer McCannell, both of Guelph.

PHINNEY—McKIVOR—On May 17, 1932, at Vancouver, B.C., Evanda McKivor (Vancouver General Hospital, 1928) to Laurence Hudson Phinney, of Winnipeg, Man.

REDFERN—MacLAURIN — On July 2, 1932, at Point Fortune, Que., Margaret Evelyn MacLaurin (Toronto General Hospital Public Health Course, 1929) to Harvey Redfern, of Ottawa.

STERLING—BROWN—On June 21, 1932, at Woodstock, Ont., Hannah Brown (Woodstock General Hospital, 1923) to Harry Sterling, Phm.B., Woodstock, Ont.

TAYLOR—DYNES—On June 15th, 1932, at Orangeville, Ont. Sadie Estelle Dynes (Lord Dufferin Hospital, 1931), to W. H. Taylor of Grand Valley, Ont.

TURNBULL — PHILLIPS — On June 3, 1932, at Jarvie, Alta., Mina Phillips (Lamont General Hospital, 1929) to William Turnbull, of Winfield, Alta.

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FINDLAY—Recently, at Vancouver, B.C., Mrs. Harold Findlay (Florence Shindler, Vancouver General Hospital, 1919).

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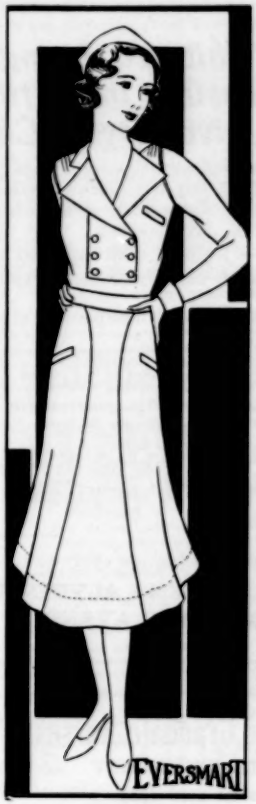

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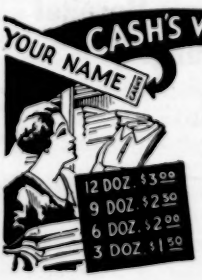

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